

## Nomination for the

## 2025 SMSA Outstanding State Member Award

The SMSA Award Committee is seeking nominations for the **2025 SMSA Outstanding State Member Award.** This is an award that recognizes a State with a significant accomplishment that supports motorcycle safety that may serve as a promising practice for other State Programs.

Nominees must be currently associated with the SMSA and have an active membership.

All nominations shall be submitted no later than June 29, 2025 to office@smsa.org.

## **Nomination Requirements**

Nominations shall include:

- A brief description of the state's most recent efforts in motorcycle safety and/or education (can be a single effort or campaign).
- A brief description of how the accomplishments impacted motorcycle safety and/or education in the state.

Please complete the form on the following pages.



| Nomination Cover Sheet                        | ţ             | Date:                              |
|---|---------------|------------------------------------|
| Nominations will be valid for up to an award. | three (3) yea | rs for Nominees who do not receive |
| Nominee's Contact Information                 |               |                                    |
| State / State Organization:                   |               |                                    |
| Contact Person:                               |               |                                    |
| Address:                                      |               |                                    |
| City:   | State:        | Zip:                               |
| Phone:  | Email:        |                                    |
| Nominator's Contact Information               |               |                                    |
| Nominator Name:                               |               |                                    |
| Address:                                      |               |                                    |
| City:   | State:        | Zip:                               |
| Organization Nominator Represents: _          |               |                                    |
| Position Held:                                |               |                                    |
| Phone:  | Email:        |                                    |

| Brief Description of Efforts:                                 |
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| Brief Description of Impact of Accomplishments for the State: |
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