



## *Lifetime Achievement Award*

NODA'S Lifetime Achievement Award recognizes and honors individuals who have devoted countless hours of service to NODA in the pursuit of excellence both to NODA and to our sport of Dressage. This is to recognize those individuals both in our spotlight and the ones in the trenches quietly just doing the work. It would be the person you think of when you want something done, or someone who would remember how it has been done in the past, or someone who served years doing our committee work. It could even be those individuals who might not be active anymore but helped to create the NODA we enjoy today. When we discuss the beginnings of NODA their names will often be mentioned. These are important people and should be remembered and honored.

The names of Lifetime Achievement Award winners will be included in our NODA records and included in our Handbook and on our Website. They will receive a certificate thanking them for their service to NODA.

**Annual Nomination Process Deadline September 30.** The completed form will be submitted to the Achievement Committee for consideration (see below). It will then be presented to the NODA Board. The nomination form will include information on the candidate and have a place for 5 signatures of NODA members who also support the nomination. The individuals receiving the Award will be announced at the annual NODA Banquet.

Please send the completed application to Kathy Kirchner via e-mail at [MemberRep@nodarider.org](mailto:MemberRep@nodarider.org) or US Mail to: Kathy Kirchner, NODA Member Representative, 900-6 Hampton Circle, Aurora OH 44202-9254.

Questions? Contact Kathy at [MemberRep@nodarider.org](mailto:MemberRep@nodarider.org).

## Application for the NODA Lifetime Achievement Award

NOMINEE Candidate Name \_\_\_\_\_

Street Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Number of years involved in NODA \_\_\_\_\_

Positions held in NODA \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe nominee's activities that have contributed to carrying out NODA's mission including the development of programs, projects, committee work and any information you feel will describe why the nominee has earned this honor. Use a separate sheet if necessary. Include any forms or information you feel will be helpful.

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\_\_\_\_\_

\_\_\_\_\_

Nominated by: \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

### Additional NODA Member Names / Contact Information Supporting Nominee Candidate

Name \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_