



## 2017 Motorcoach Professional Award Application

Company (Member) Name:	
Nominee Name:	
Number of Years with the Company:	
Number of Years with No Accidents (Drivers Only):	
Number of Trips to Any Destination per Year (Drivers Only):	
In 50 words or less, please describe why your company has selected this nominee to receive the <b>Motorcoach Professional Award</b> .  Please include any special attributes, awards or training. If printing, please print neatly.	
<i>Thank you!</i>	

The awards luncheon will be held March 7<sup>th</sup> at Tropicana

Please send the completed application by February 1<sup>st</sup> to:

Pattie Cowley, Executive Director: Email: [pcowley@gnjma.com](mailto:pcowley@gnjma.com) or Fax: (610)-829-1004