



**2018 Member Recognition Form for Milestones, Retirement, In Memoriam**

Please fill out this form and return to [awards@mashp.org](mailto:awards@mashp.org) by March 12, 2018 at 5 pm

**MSHP Member - Milestones for 2018**

Member Name:

Organization(s):

*Years of Service:*

\_\_\_\_\_ 25 Years

\_\_\_\_\_ 30 Years

\_\_\_\_\_ 35 Years

\_\_\_\_\_ 40 Years

\_\_\_\_\_ 45 Years

\_\_\_\_\_ 60+ years (please indicate how many years of service)

**MSHP Member - Retiree for 2018**

Member Name:

Organization:

**MSHP Member – In Memoriam 2017/2018**

Member Name:

Organization:

\*Additional Comments (limit 1-4 sentences):