

# NDMA Award Nomination Form

**Nominee:** (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

**I would like to nominate this person for:**

\_\_\_\_ NDMA Physician Community and Professional Services Award

\_\_\_\_ NDMA Friend of Medicine Award

**Describe why this person should receive the award. Please attach supporting information.**

**Nomination submitted by:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_



Please submit nominations by August 31, 2026 to:  
North Dakota Medical Association  
1622 E Interstate Ave, Ste A  
Bismarck, ND 58503-0512  
Or submit via email to [donna@ndmed.com](mailto:donna@ndmed.com)