

ALPHA MU ALPHA NOMINATION FORM

College/University_____

Faculty Coordinator_____

Mailing Address_____

City/State/Zip_____

Signature_____ Date_____

THE FOLLOWING INDIVIDUALS MEET ALPHA MU ALPHA REQUIREMENTS:
(USE THIS FORM OR ATTACH YOUR OWN LISTING)

****PLEASE TYPE OR PRINT LEGIBLY****

UNDERGRADUATES

NAME:
ADDRESS:
CITY/STATE/ZIP:

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CITY/STATE/ZIP:

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CITY/STATE/ZIP:

MASTER'S STUDENTS

NAME:
ADDRESS:
CITY/STATE/ZIP:

NAME:
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DOCTORAL STUDENTS

NAME:
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NAME:
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CITY/STATE/ZIP:

MARKETING FACULTY

NAME:
ADDRESS:
CITY/STATE/ZIP:

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CITY/STATE/ZIP:

NAME:
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CITY/STATE/ZIP:

NAME:
ADDRESS:
CITY/STATE/ZIP:

PLEASE RETURN THIS FORM TO:

ALPHA MU ALPHA COORDINATOR
AMERICAN MARKETING ASSOCIATION
311 SOUTH WACKER • SUITE 5800 • CHICAGO IL 60606-2266
PHONE: 800.AMA.1150/312.542.9000 • FAX: 312.922-3649
EMAIL: nwalters@ama.org