

ACHIEVEMENT PROGRAM ASSOCIATION OFFICIAL STATEMENT OF QUALIFICATIONS FORM JANUARY 2025

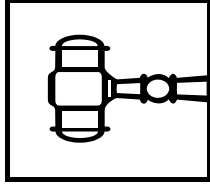
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Member's Name: _____ NMRA #: _____ Exp: _____
Street: _____ City: _____ State/Prov: _____
ZIP/PC: _____ Country: _____ NMRA Region: _____ Division: _____
Date Submitted: _____ E-Mail: _____ Phone: _____

To qualify for this certificate, you must:

1. Serve in an office of President, Vice President, Secretary, Treasurer, Trustee, or Director and have completed satisfactory service in one of the following:
 - ☐ At least one year in the office at the National level.
 - ☐ At least two years in the office(s) at the Region level, of which one year shall be that of Region President or National Trustee (The National Trustee position was eliminated in January of 2005 with the "new" regulations.)
 - ☐ At least three years in the office(s) as a voting member of a Region Board if other than that of Region President or National Trustee.
 - ☐ Division Superintendents/Presidents shall be eligible for the Association Official Certificate on the same basis as any Region Board member, I.e., three (3) years in the office.
2. Submit a completed Statement of Qualifications (SOQ) listing the offices held with dates (which must be a matter of record) and containing the signature of a qualified witness to the record (usually the Region President or Secretary).

POSITION HELD	FROM	TO	LEVEL N - National R - Region D - Division	VERIFIED BY NAME	NMRA#



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Member Statement and Agreement:

I certify that I have completed all of the requirements for this Certificate of Achievement as listed above and that I will agree to assist other members in this subject whenever possible, whether or not they are participants in the Achievement Program. ☐ Check here if this is the member's first award.

NAME: _____ SIGNATURE: _____ Date: _____

Division Achievement Program Chair Review (optional): Reviewed for compliance and completeness.

NAME: _____ SIGNATURE: _____ Date: _____

Certification of Region Achievement Program Chair

As the NMRA Region Achievement Program Chair of the _____, I certify that I have examined this SOQ and, having compared it to the stated requirements for this certificate, I am satisfied that the stated requirements have been met.

NAME: _____ SIGNATURE: _____ Date: _____

Region Certificate #: _____

Approval by AP National Executive Assistant Manager

NAME: _____ SIGNATURE: _____ Date: _____