MIDWEST AQUATIC PLANT MANAGEMENT SOCIETY

www.mapms.org

Honorary Membership Submission

Submitter's Name: _____

Submitter's Email Address: _____

Honorary Membership Nominee

Name: _____

Years in the Aquatic Plant Management field: _____

MAPMS Member for 5 or more years? YES / NO

Summary of MAPMS Participation: _____

_____

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Biography and Contributions to the field of aquatic vegetation management: _____

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10 Member Signatures

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____