

ACHIEVEMENT PROGRAM ASSOCIATION OFFICIAL STATEMENT OF QUALIFICATIONS FORM May 2006

Member's Name: _____ NMRA #: _____ Exp: _____

Street: _____ City: _____ State/Prov: _____

ZIP/PC: _____ Country: _____ NMRA Region: _____

Date Submitted: _____ E-Mail: _____ Phone: _____

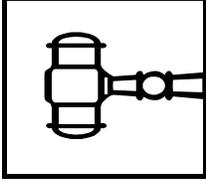
To qualify for this certificate you must:

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 Regional level, of which one year shall be that of Region President or Trustee (the Trustee position was eliminated in January of 2005 with the new regulations)
- At least three years in the office(s) at the Regional level if other than that of Region President or Trustee.
- Division Superintendents or Directors who serve as voting members of the Regional Board of Directors, either by election, appointment or automatic by-law provision shall be eligible for the Certificate on the same basis as any other Regional Board member.

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 - Regional D - Divisional	VERIFIED BY	NMRA#



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Member's 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.

NAME: _____ SIGNATURE: _____ Date: _____

Certification of Regional Achievement Program Chair

As the NMRA Regional 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 Cert #: _____

Approval by AP National Executive Vice-Chair

NAME: _____ SIGNATURE: _____ Date: _____