



MBEI members are encouraged to be active in their community and profession. Please complete this form yearly with at least **100 points** to receive recognition from MBEI.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address (Line 2) \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Company/School/Institution \_\_\_\_\_

Include activities from:  
July 1 to June 30

**Please print using ink or type.**  
If additional space is needed, use the back of this form.

<i>Belong</i>	<i>Excel</i>	<i>Study</i>	<i>Travel</i>
<b>Professional Memberships</b> (Five points per membership) <input type="checkbox"/> ACTE <input type="checkbox"/> MnACTE <input type="checkbox"/> MBEI <input type="checkbox"/> NBEA <input type="checkbox"/> DPE <input type="checkbox"/> ISBE <input type="checkbox"/> Phi Delta Kappa  Other: _____  <b>Total Points:</b> _____	<b>Honors/Awards</b> (Five points per honor/award)  Description: _____  Description: _____  <b>Total Points:</b> _____	<b>Most Recent Graduate Degree</b> (Ten points for most recent graduate degree) <input type="checkbox"/> Doctorate <input type="checkbox"/> Masters <input type="checkbox"/> Education Specialist  <b>Total Points:</b> _____	<b>School Visits</b> (Two points per visit) On reverse side, list dates and places visited. <b>Total Points:</b> _____
<b>Association Offices Held</b> (Ten points for each office held)  Title: _____  Title: _____  <b>Total Points:</b> _____	<b>Presentations</b> (Five points per presentation)  Date: _____  Title: _____  <b>Total Points:</b> _____	<b>Graduate Credits</b> (Earned in current year. One point per credit hour)  <b>Total Points:</b> _____	<b>Business Internship</b> (One point per four hours)  Date: _____  Place: _____  <b>Total Points:</b> _____
<b>Leadership/Community</b> (Ten points for each position held) <input type="checkbox"/> FBLA Advisor <input type="checkbox"/> BPA Advisor <input type="checkbox"/> Mock Trial Sponsor <input type="checkbox"/> Church Officer <input type="checkbox"/> Community Board  Other: _____  <b>Total Points:</b> _____	<b>Published Articles</b> (Five points per article published)  Title: _____  Date: _____  Publication: _____  Title: _____  Date: _____  Publication: _____  <b>Total Points:</b> _____	<b>Workshops</b> Excluding workshops offered during work hours. (One point per two hours)  On reverse side, list topics and hours attended.  <b>Total Points:</b> _____	<b>Business/Industry Visits</b> (Two points per visit)  Date: _____  Place: _____  <b>Total Points:</b> _____
		<b>Mentoring Students/Colleagues</b> (Ten points per student or colleague mentored)  Name: _____  Name: _____  Name: _____  Name: _____  <b>Total Points:</b> _____	<b>Professional Conferences</b> (Five points per day)  Title: _____  Date: _____  Title: _____  Date: _____  <b>Total Points:</b> _____

**Mail by July 15 to:**  
 Mary Flesberg, Awards Chair  
 Moorhead High School  
 2300 4 Avenue South  
 Moorhead, MN 56560  
[mflesberg@moorheadschoools.org](mailto:mflesberg@moorheadschoools.org)

<b>Grand Total Points:</b> _____  _____ Supervisor's Verifying Signature
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