

WVOA Nomination Form

Positions to be elected at the WVOA Annual Conference:

President Elect, Vice President, and 2 or 3 Director Positions (2 year terms)

Complete the following form and submit it to me along with a photo as soon as possible. If more room is needed, please add additional sheets as needed.

Name: _____
Home address: _____
Occupation: _____
Employer: _____
Education: _____
Organizational Experience: _____

WVOA Affiliation:

Date Joined: _____
Offices Held & When: _____
Committees Served & When: _____
Regional Affiliation: _____
Regional Positions Served: _____

What do you see as the future of the WVOA?

How do you feel this could be accomplished?

Other qualifications for WVOA office:

I wish to place my name into nomination for the office of: _____

Other comments:

Committees you are interested in to serve on:

_____	Promotions	_____	Membership/Director
_____	Scholarship	_____	Government Affairs
_____	Publicity	_____	Permanent Arrangements
_____	Awards	_____	Regional Coordinator
_____	Clarifier	_____	Operator Training
_____	Library	_____	Operator Competition

Mail to: WVOA
P.O. Box 451
Baraboo, WI 53913-0451