

WWOA Nomination Form

Positions to be elected at the WWOA Annual Conference:

Vice President, Director Positions (2-year terms for Director Position)

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: _____

WWOA Affiliation:

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

What do you see as the future of the WWOA?

How do you feel this could be accomplished?

Other qualifications for WWOA 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: WWOA
P.O. Box 451
Baraboo, WI 53913-0451