

# OFFICER NOMINATION FORM

*(Please Type or Print)*

I, \_\_\_\_\_ nominate \_\_\_\_\_  
Name of Nominator Name of Nominee

For the office of: \_\_\_\_\_

and attest they are a VAEA member.

## NOMINEE INFORMATION

Membership Division \_\_\_\_\_ ID# \_\_\_\_\_ Region \_\_\_\_\_

Nominee's Home Address \_\_\_\_\_  
Street/PO Box City State Zip

Current Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Work Address \_\_\_\_\_  
School/Building Street/PO Box City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## NOMINATOR INFORMATION

Nominator \_\_\_\_\_  
(Dr., Mrs., Ms. Miss, Mr.) Last First MI

Nominator's Home Address \_\_\_\_\_  
Street/PO Box City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Include a quality photograph for publication (picture return is not guaranteed)**

**NOMINATIONS POSTMARKED AFTER JULY 1 WILL BE INVALID.**  
*(Please allow 2 weeks for delivery)*

For Office Use:

Membership Verification \_\_\_\_\_ Initials \_\_\_\_\_

Expiration Date \_\_\_\_\_ Membership # \_\_\_\_\_

Region \_\_\_\_\_