

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 _____