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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_