

## APAS 2018 ELECTION OF OFFICERS

## NOMINATION FORM

Your Name:	
Your Email:	
Your Phone:	
Please consider the fo	ollowing person for the office of (please select only one):
	Chair
	1 <sup>st</sup> Vice Chair
	2 <sup>nd</sup> Vice Chair
<del></del>	Secretary
	Treasurer
Nominee Name	
Nominee Street Addr	ess
Nominee City	
Nominee State	Nominee Zip
Nominee Email	
Nominee Home Phon	e
Nominee Work Phone	<u></u>
Nominee Fax	
	ontacted the nominee,, who has she is willing to accept the nomination above and fulfill the requirements diabove if elected.
(Please sign and print	your name)

## NOMINEE DATA SHEET

- 1. Must be completed by the nominee or with the nominee's assistance.
- 2. Please provide a small, clear photo to be used in the materials voters will see on election day.
- 3. Nominee may submit a *resume* or *curriculum vitae* attached to this form in place of this data sheet.

## **Your Present Employment or Occupation is:**

[Name and location of employer]:	
Your Objectives as an APAS Officer will be:	
<b>Education:</b>	
[School Name, City, State or Country]:	
[Degree and Date of Graduation]:	
[Major]:	
[Brief summary of relevant coursework, awards, and honors]:	
Relevant Experience:	
Awards & Acknowledgments:	
Migaelloneoug	
Miscellaneous (add anything else you feel is important):	