

# MSMA ALLIANCE

## Nomination Form for Alliance Officers

The Nominating Committee is seeking nominations for the following offices:

President-elect \_\_\_\_\_

Vice President, Foundation \_\_\_\_\_

Vice President, Health \_\_\_\_\_

Vice President, Legislation \_\_\_\_\_

Vice President, Membership \_\_\_\_\_

Recording Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

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You may use this form to nominate yourself for an office, or to nominate another individual. If you are nominating another individual, please ask them for their permission to nominate them.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home and cell): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Office(s) of Interest \_\_\_\_\_

Previous State experience (offices or positions held)

\_\_\_\_\_

Previous County experience (offices or positions held)

\_\_\_\_\_

Other pertinent professional or volunteer experience:

\_\_\_\_\_

Please include a brief statement about why you think the nominee (or yourself) would make a good candidate for this position.

\_\_\_\_\_

Please return to: Diana Corzine at [bcmsociety@aol.com](mailto:bcmsociety@aol.com).