NYS IAAI Chapter 23

Nomination Form

Candidate Information

Name: _____

Employer/Title: _____

Position Contested: _____

Email: _____ Phone Number: _____

Enter numbers only, no dashes or parentheses.

Do you meet the eligibility requirements?

☐ Original Election:
- ☐ Active member in good standing for 3 years.
- ☐ Attended three (3) Chapter endorsed events within two (2) years.

1. _____ 2. _____

3. _____ *List event, date, and location for each.*

☐ Re-Election:
- ☐ Remain an active member in good standing.
- ☐ Attended six (6) Chapter endorsed events within two (2) years.

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

List event, date, and location for each.

Candidate Declaration

I hereby accept the nomination for the position indicated above and declare that to the best of my knowledge I am eligible to contest the position, and if elected, to hold office. Further, I acknowledge that I am required to join the IAAI upon election to the Board.

Candidate's Signature: _____ Date: _____

I affirm that I am willfully signing this document electronically to submit this form.

Administrative Use Only:

Nomination Form Received By (name & title): *Date:*

_____ _____

Forwarded to Nomination Committee Member (name): *Date:*

_____ _____

Submit