



WSGNA Nominations Form (Even Year)

Please check the office that you are nominating yourself or someone else for.
If nominating multiple people, please fill out a separate form for each.

Name _____

Self Nominated? _____ If not self, name of person nominating _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Check position

- President-Elect**—must have served as an elected board member within the past 5 years
- Treasurer**—must be voting member for the past two consecutive years & familiar with by-laws
- Director at Large- Communications/Newsletter**-- must be voting member for the past two consecutive years & familiar with by-laws

Member of WSGNA since _____

Have you ever held an elected position in WSGNA? _____ When? _____

Please submit form by September 1 to:

Current Director at Large: Membership/Nominations
or Current Immediate Past President

Call or email any WSGNA Board Member with questions