

## 2018 AOC Annual Election Nomination Form

|                      |             | NOMIN                    | EE INFO       | RMATIO             | ON &      | BACKGR             | OUND                        |                 |            |
|----------------------|-------------|--------------------------|---------------|--------------------|-----------|--------------------|-----------------------------|-----------------|------------|
|                      |             | Deadl                    | ine for submi | tting nomi         | nation    | s is April 2, 20   | 018                         |                 |            |
| National             | Office      | At Large I<br>Regional I |               | Region             |           |                    |                             | 1               |            |
| N                    |             |                          |               | Region             |           |                    | N                           |                 |            |
| Name:<br>Address:    |             |                          |               |                    |           |                    | ber Number:<br>Affiliation: |                 |            |
| Address:             |             |                          |               |                    |           | enupter            |                             |                 |            |
| City:                |             | TAX                      |               | State:             |           | Zip code:          |                             |                 |            |
| Phone:               |             | FAX:                     |               | E-mail             |           |                    |                             |                 |            |
|                      | NOMINEE'S P | PAST FIVE                | JOBS (List mo | ost current fir    | st.)      |                    |                             |                 |            |
|                      |             |                          |               |                    |           |                    |                             |                 |            |
| 2                    |             |                          |               |                    |           |                    |                             |                 |            |
| 4                    |             |                          |               |                    |           |                    |                             |                 |            |
| 5                    |             |                          |               |                    |           |                    |                             |                 |            |
| Section 2.           | NOMINEE'S P | ARTICIPA                 | TION IN AC    | <b>DC</b> (Offices | held, con | nmittee chair or 1 | nembership, chap            | oter affiliatio | on.)       |
| 1                    |             |                          |               |                    |           |                    | A · A                       | 00              | ,          |
| 2                    |             |                          |               |                    |           |                    |                             |                 |            |
| 3                    |             |                          |               |                    |           |                    |                             |                 |            |
| Section 3.           | NOMINEE'S U | INIQUE OI                | JALIFICAT     | IONS (Awa          | rds wor   | k with association | rs education spe            | cial experie    | nces etc.) |
| 1                    |             | <u> </u>                 |               |                    | ,         |                    | ,, . <sub>F</sub> -         | <i>II</i>       |            |
| 2                    |             |                          |               |                    |           |                    |                             |                 |            |
| 3                    |             |                          |               |                    |           |                    |                             |                 |            |
| Section 4.           | HOW NOMIN   | EE WOULI                 | D BENEFIT     | THE AOC            | C (Perso  | onal traits that w | vould make him              | her an as       | set.)      |
| 1                    |             |                          |               |                    |           |                    |                             |                 |            |
| 2 3                  |             |                          |               |                    |           |                    |                             |                 |            |
| 4                    |             |                          |               |                    |           |                    |                             |                 |            |
| 5                    |             |                          |               |                    |           |                    |                             |                 |            |
| Expanded             | Comments:   |                          |               |                    |           |                    |                             |                 |            |
|                      |             |                          |               |                    |           |                    |                             |                 |            |
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|                      |             |                          |               |                    |           |                    |                             |                 |            |
|                      |             |                          |               |                    |           |                    |                             |                 |            |
|                      |             |                          |               |                    |           |                    |                             |                 |            |
|                      |             | NOM                      | INATOR'S      | <b>INFOR</b>       | MAT       | TION (Requ         |                             |                 |            |
| Name:<br>Address:    |             |                          |               |                    |           |                    | per Number:<br>Affiliation: |                 |            |
| Address:<br>Address: |             |                          |               |                    |           | Chapter            | Annau011.                   |                 |            |
| City:                |             |                          |               | State:             |           | Zip code:          | -                           |                 |            |
| Phone:               |             | FAX:                     |               | E-mail             | :         |                    |                             |                 |            |

|   | NOMINEE'S ACCEPTANCE  |  |  |  |  |
|---|---|--|--|--|--|
|   | I am running for AOC At Large Director<br>I am running for AOC Regional Director  |  |  |  |  |
|   |   | legion:  |  |  |  |
|   | n nominated for a position on the AOC Board of Directors, I will run elected to a position on the AOC Board of Directors, I will serve.   |  |  |  |  |
| I agree to follow the AOC rules and guidelines on campaigning for this office listed below: |   |  |  |  |  |
| Distribut<br>informa  | AOC Election Campaign Rules and Guidelines<br>ion of a standard election guide to each member provides sufficient<br>tion for each member to select the candidates of his or her choice.<br>gning, electioneering or endorsements of candidates are prohibited. |  |  |  |  |
|   |   | Insert Photo Here                                |  |  |  |
| Signature:  |   |  |  |  |  |
| _   |   |  |  |  |  |
| Date:   | Electronic Signature  | Insert Hi-Res JPEG or TIF Digital Photo Here*    |  |  |  |
| Date:   | Check here to sign.   | E-mail Photo to oneilin@crows.org                |  |  |  |
| Date:   | Check here to sign.<br>NOMINEE'S BIOGRAPHY/CAMPAIGN S   | E-mail Photo to oneilin@crows.org<br>STATEMENT   |  |  |  |
| Date:   | Check here to sign.   | E-mail Photo to oneilin@crows.org STATEMENT tors |  |  |  |

ASSOCIATION oF OLD CROWS