

# **NYSSA OFFICER NOMINATION FORM**

Any individual interested in running for a NYSSA Office, as governed by the NYSSA By-Laws, may do so by completing this form and either mail it to the NYSSA Office or deliver it to the Chair of the Nominating Committee.

All persons completing the Nomination Form must be considered as a candidate for office. The Nominations Committee may recommend its slate from the candidates, but all candidates must be listed on the ballot for election.

Each nomination form must be completed and signed by the date approved by the BOD.

At the NYSSA Annual Meeting, all candidates must make an election statement to the voting delegates prior to the actual voting for that office.

## **NOMINATION FORM**

Date Due: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Date Received: \_\_\_\_\_

Office Being Sought: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Nominated by: \_\_\_\_\_