

## APPENDIX P-7

### OFFICER NOMINATION FORM

Position you are seeking nomination for: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Chapter Name: \_\_\_\_\_ Year Joined: \_\_\_\_\_

Veteran : \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Employment Experience: \_\_\_\_\_

AGIF Leadership Positions: \_\_\_\_\_

Community Service Involvement: \_\_\_\_\_

Position Qualifications: \_\_\_\_\_

What can you contribute to the AGIF: (special skills, knowledge, contacts?): \_\_\_\_\_

Can you travel 6 or more times a year for meetings? \_\_\_\_\_

Any additional information you would like to have considered: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_