

## Region IV—Officer Nomination Form

Full Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home O.A. Group Number \_\_\_\_\_

Meeting Date and Time \_\_\_\_\_

Home Intergroup Name \_\_\_\_\_

Length of Time in O.A. \_\_\_\_\_

Brief Account of OA. Story:

Please list business, professional, volunteer or other experiences you can bring to this position:

Why do you want to do this service?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: All nominees must bring to Fall Assembly a notarized photocopy of their driver's license and social security card to provide for bank transfer of signatures

Please send to: Region IV ♦ P.O. Box 1604 ♦ Fenton, MO 63026