

NOMINATION FORM FOR REGION OFFICERS_____

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

FULL NAME OF NOMINEE: _____

ADDRESS: _____ **PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

OA HOME GROUP: _____

DAYS: _____ **TIMES:** _____

LENGTH OF TIME IN O.A.: _____

BRIEF ACCOUNT OF OA STORY

HISTORY OF OA SERVICE:

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**BUSINESS, PROFESSIONAL, VOLUNTEER OR OTHER EXPERIENCE
OR SKILLS YOU CAN BRING TO THIS JOB.**

WHY DO YOU WANT TO DO THIS JOB OR SERVICE?

DATE:

SIGNATURE: