



OFFICER NOMINATION FORM

Your Name _____ FIPS _____ PD _____

Agency _____

Phone No. _____ Email _____

I WOULD LIKE TO NOMINATE _____

Agency _____

Phone No. _____ Email _____

FOR THE OFFICE OF _____

Qualifications for this job include:

The nominee understands they must obtain permission from their director (or appropriate person) prior to accepting the nomination and that dues are current.

NOMINEE: I have read the job description, understand the responsibilities, and accept the nomination.

Nominee: Type of Membership: _____

Membership must be current at time of submission

Signature

Date

Director/Designee

Date