



SEIOS Officer Nomination Form



Nomination for: (Name of Nominee): _____

Date: _____

(Please check one of the following)

- Vice President
- Secretary/Treasurer Elect
- Area Director Circle which area A B C D E F

City or Organization working for:

Job title/level of certification:

Years of service:

Job description:

Detailed involvement in other organizations:

Does the city or organization of this nominee support his/her involvement such as allowing this person to attend all meetings:

- Yes
- No

Reasons you think this nominee should be an officer:

Please mail to:

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