



# Nomination Form

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

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

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

ABVTA Member #: \_\_\_\_\_

Email address: \_\_\_\_\_

Position applying for:    Board of Directors        CE Committee        Communications (PR) Committee   

Tell us about yourself, your background experience and why you want to be part of the ABVTA Leadership Group:  
*If applying for a position as a Director, this information will be published in a flyer for the membership to gain information about the election candidates.*

\_\_\_\_\_  
*Signature*

Please email form to [info@abvta.com](mailto:info@abvta.com) Attn: Nominations