

PRESIDENT-ELECT APPLICATION

Telephone: Fax: E-Mail:					
Name of local Board/Asso	ciation:				
	Qualifications				
Member of OAR for a mini	mum of 5 years:	Member since			
	nittee. Kev or Specia	I Committees, or other sin			
Chaired at least one comn					
Chaired at least one comm group(s) at the local and/o Committee/Group Chaired		Local or OAR			
group(s) at the local and/o	Year tor or executive con	nmittee member at the loc			

President-elect Application Form - Page 2

5.	Served as a state director for a minimum of 1 of the immediate past 8 years:					
	Year					
6.	candidate may still quactive participation at	a candidate can satisfy only 4 out of the 5 above required qualifications, the indidate may still qualify to run for President-elect if the candidate can prove tive participation at the national, state and/or local level and the candidate had becessfully participated in and completed the Leadership NW Institute.				
	Year					
	fy that the above informa aign rules and agree to a		and verifiable. I h	ave read and understand the		
	Candidate Signature _			Date		
		(for OA	AR use only)			
Nomii	nation Form Received:	Date:				
Writte	n Statement Received:	Date: _				
Candi	idate Resume Received:	С)ate:			
Inforn	nation Verified:	yes □ no	Date:			
Nomii	nation Approved by Elect	tions Committee	e: 🗆 yes 🗆 no	Date:		
Candi	idate Notified:	Date:				