



## NCSMA Officer/National Delegate Nomination Form

Date:	Chapter Name:	Member -at-Large	
NCSMA Office:			
National Delegate:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you served as an AAMA delegate/alternate? YES <input type="checkbox"/> NO <input type="checkbox"/>
Nominee:			AAMA ID#
Address:			
City, State, Zip			
Email		Telephone	
Occupational Duties (briefly stated):			

**Employer Information**

Employer Name:	Not applicable
Address:	
City, State, Zip	
Telephone:	

**Nominee eligibility**

Is nominee a member in good standing? (Dues paid by December 31 <sup>st</sup> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Nominees for NCSMA office must meet the following criteria:</b>		
Active or associate member	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If a member of a component chapter, has nominee served as a chapter officer? List the office(s):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If a member-at-large, has nominee served on two different NCSMA committees in last 5 years? List the committees:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Nominees for delegate to the AAMA HOD must meet the following criteria:</b>		
Active member	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If a member of a component chapter, has nominee served as an active NCSMA delegate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If a member-at-large, has nominee served as an NCSMA office? List the office:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Endorsement</b>		
Does the local chapter endorse this nomination?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If member-at-large do two NCSMA Officers endorse this nomination?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**For Nominees who belong to a chapter: (Signatures should be obtained from the applicable Chapter Officers)**

President		
Board Member	Office	
Board Member	Office	

**For Nominees who are members-at-larger: (Signatures should be obtained from the applicable NCSMA Officers)**

NCSMA Officer	Office	
NCSMA Officer	Office	

**All actively employed nominees must have their employer's signature**

Employer Name (Please print)	
Employer's signature:	

**Nominee Consent**

I, hereby, give my consent to have my name placed on the ballot for the office of: _____ of NCSMA and/or delegate to AAMA House of Delegates. I will do my best to serve in this capacity if elected.	
Nominee's signature:	
Date:	

**Please briefly list all activities demonstrating leadership abilities:**

Chapter:	
State:	
National:	
Other:	

All nomination forms must be fully completed with all applicable signatures. Nominations must be submitted to the Chair, by mail, email attachment or fax and reviewed by the Nominating Committee to verify eligibility. Nomination forms received after the deadline date and before the opening of the House of Delegates and meet all the eligibility requirements, may be nominated from the floor of the House of Delegates.  
Updated 08/2017