

# Region V

## Committees Nomination Form

Check appropriate area

\_\_\_\_ ACTE Committees

\_\_\_\_ Region V Committees

Nomination for: (Committee Position) \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ FAX number: \_\_\_\_\_

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

Title: \_\_\_\_\_ Institution / Agency \_\_\_\_\_

Name of State Affiliated Association: \_\_\_\_\_

ACTE Membership Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

- I would like to be considered for other committee appointments if not selected for the one above.

Organization	Position(s) Held	Years
ACTE / AVA		
Division		
Region V		
Affiliated Association		
Other (please specify)		

Number of years of consecutive membership:

ACTE: \_\_\_\_\_ Affiliated Association: \_\_\_\_\_ Region V: \_\_\_\_\_

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

# Endorsements

(to include individual signatures)

Employment Supervisor:

Name	
Address	
Signature	
Date	

Affiliated Association President:

Name	
Address	
Signature	
Date	

Other (if appropriate):

Name	
Address	
Signature	
Date	

**Completed nomination forms are due by April. Please remit to:**

**Please return to:**

**Annika Russell**

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Mitchell, SD 57301

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