

**NOMINATION FORM
FOR
MISSISSIPPI ACTE
2nd Vice-President**

Name of Nominee _____

Please provide the following information regarding the nominee:

Address _____

E-Mail Address _____

Telephone Number _____ Cell Number _____

Place of Employment _____

Number of Years as an ACTE Member _____

Please list the name and dates that the nominee has served on any state, regional, or national committee.

Has the nominee served as a district president in Mississippi? If so, when?

Nominee's affiliate? _____

Affiliate offices held _____

Nominated by _____

Telephone Number _____

E-Mail Address _____

Must be received by February 1.

