

NOMINATION FORM FOR REGION OFFICER

Full name of nominee: _____ Position _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Oa home group: _____

Days _____ Times: _____

Length of time in OA _____

Brief account of OA story

History of OA service:

Business, professional, volunteer or other experience or skills you can bring to this job.

Why do you want to do this job or service?

Signature:

Date