**Recommendations for Nomination for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(insert PTA name here)* Officers**

At the *(insert date of general membership meeting), (insert name of PTA)* will be electing officers for the following positions: *(insert all positions to be elected here)* for the 2014-15 PTA year. To be eligible for election to any of the above positions, candidates must have been a member of any PTA in the State of Washington at least 30 days prior to being elected.

PLEASE PRINT

Recommendation for the office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

◼ Qualifications for this office:

◼ PTA/PTSA service and experience:

◼ Community service/other activities:

Submitted by: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individuals are welcome to recommend themselves. For information about a position or to request PTA job descriptions, please contact any of the following committee members.

*(insert names and contact information of nominating committee here)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(insert PTA name*) Standing Rules:

The executive committee *(insert directly from your standing rules what it says about the executive committee)*

Deadline: *(insert date here)*

Please send SEALED recommendations to the attention of: *(insert how they will get them to the committee)*