**Recommendation for Nomination for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Officers**

*(insert PTA name here)*

At the *(insert date)* membership meeting, *(name of PTA)* PTA/PTSA

will be electing officers for the (insert year) PTA year. Nominees are being sought for the following positions:

*(list elected board positions)*

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 for at least 15\* days prior to being elected.

PLEASE PRINT

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

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

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

Home 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 the nominating committee (*list committee names and contact information*.)

*(Insert PTA name)* Standing Rules:

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

**Deadline:** (*insert date*)

Please send SEALED recommendations to the attention of *(insert directions for sending them to nominating committee)*

*\*Council candidates have a 30-day membership requirement.*