

COLORADO STATE COUNCIL

**OFFICER NOMINATION FORM**

|  |  |  |
| --- | --- | --- |
| **Nominee Name** | | **ESA Membership Number** |
| **Address** | | |
| **City, State, ZIP Code** | | |
| **Telephone** | **E-Mail Address** | |
| **Chapter Name** | **Chapter Number** | |
| **Council** |  | |

|  |  |  |
| --- | --- | --- |
| OFFICE DESIRED | **First Choice** | **Second Choice** |

**IF NOT ELECTED, I WOULD LIKE TO BE CONSIDERED FOR THE FOLLOWING APPOINTED OFFICE(S).**

|  |  |  |
| --- | --- | --- |
|  | **First Choice** | **Second Choice** |

**REQUIREMENTS FOR ELECTION ELIGIBILITY (Article V, Section 1, Colorado State Council Bylaws)**

To be eligible for election to a State Council Office, a nominee must be a present or past President of an ESA chapter or council and be sponsored by their chapter, which must be in good standing with the Colorado State Council. The State President shall have served at least two (2) years on the Colorado State Executive Board.

## CANDIDATE'S QUALIFICATIONS FOR ELIGIBILITY

|  |  |  |  |
| --- | --- | --- | --- |
| Dues Paid | International | **State** | **Chapter** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Foundation Member** | **Yes** |  | **No** |  |  |

|  |  |
| --- | --- |
| Year of Pledging ESA | **Year(s) of Chapter Presidency** |

## OFFICES HELD

|  |
| --- |
| Chapter |

|  |
| --- |
| Council |

|  |
| --- |
| State |

## OTHER ESA QUALIFICATIONS

|  |  |  |
| --- | --- | --- |
| **Degree of Pallas Athene** | **First Pearl** | **Life Active Member** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Member of the Year** | **Chapter** | **Council** | **State** |

|  |  |  |
| --- | --- | --- |
| **Conventions Attended** | **State** | **International** |

## SPECIAL QUALIFICATIONS

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|  |

## SPONSORED BY

|  |
| --- |
| Chapter/Council |

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Signature of Sponsoring or Authorizing Officer Date

|  |  |
| --- | --- |
| **Address Sponsoring Officer** | |
| **City, State, ZIP Code** | |
| **Telephone** | **E-Mail Address** |

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**IF ELECTED, I AGREE TO SERVE AS AN OFFICER OF THE COLORADO STATE COUNCIL.**

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Signature of Nominee Date

**PLEASE PROVIDE DIGITAL PHOTO.**

**NOMINATION FORM AND PHOTOS MUST BE SUBMITTED NO LATER THAN FEBRUARY 15.**

**RETURN FORM TO: President-Elect**

## ESA Colorado State Council