

BOARD OF DIRECTORS ASSE INTERNATIONAL NOMINATION FORM

Please clearly print or type the following details about the person you are nominating. You must ensure that all sections of this form are completed or your nominee will not be considered.

Please mark the category for which you are nominating. Remember more than one person may be nominated in each category. President Regional Director – Region #4 Vice-President Regional Director – Region #5 Regional Director - Region #6 Treasurer Regional Director – Region #1 Regional Director – Region #7 Regional Director – Region #2 Regional Director - Region #8 Regional Director – Region #3 Manufacturers' Representative Nominate _____ Nominate _____ (Name of Nominee) for the office of: and attest they are an ASSE International Member. NOMINEE INFORMATION Membership Number: ASSE International Region #: ASSE International Chapter: Home Phone _____ Work Phone _____ E-mail NOMINATOR INFORMATION Membership Number: ASSE International Region #: ASSE International Chapter: Home Phone Work Phone E-mail _____

NOMINATIONS POSTMARKED AFTER AUGUST 1 WILL BE INVALID EXCEPT:

WHEN BEING NOMINATED FROM THE FLOOR AT BUSINESS SESSION



BOARD OF DIRECTORS ASSE INTERNATIONAL STANDARDIZED EXPERIENCE FORM

The information on the Standardized Experience Form will be reviewed by the nominations committee and sent to the ASSE International office for use in the ASSE International Plumbing Standards Magazine and other publications. Do not add pages to this form, please be selective in choosing the information you include. **This form is to be filled out by the Nominee.**

Name		Home Phone		
Home Address _	Street/PO Box	City	State	Zip
				-
Office if currentl	y held:			
LIST National A		tional association activitie	es, including office	es held,
LIST ASSE Inte		association activities, in	cluding offices hel	d,
LIST other leade	ership roles and accomp	lishments:		



BOARD OF DIRECTORS ASSE INTERNATIONAL National Office Nominee Consent to serve Form

This form is to be filled out by the Nominee.

I understand that my name has been put forward for nominal International:	nations to the position of ASSE
President, Vice-President, Treasurer, Regional Director (Reg	gion #), Manufacturers' Representative
If I am selected for the final slate of nominees for this offi	ce, and if I am elected, I agree to serve
Signature	Date
Please provide the following information, complete the att and return it to the Nominations Committee Chair, C/O As later than August 1 st of the current year to be considered by	SSE International Principal Office, no
Name	
Home Address	
Home Phone (indicate best time to call)	
E-mail Address	
ASSE International Region #:	
ASSE International Chapter:	
Please note that this information, and that on the Standardized Experie	ence Form, will be used by the Nominating

Please note that this information, and that on the Standardized Experience Form, will be used by the Nominating Committee in its process of selecting the final slate of candidates. We appreciate your willingness to provide this information and encourage you to make it as complete as possible with the space available. Do not attach additional or substitute materials. Because of the extensive distribution to the committee that is required by the process, it is important to keep information as concise as possible. Thank you for your willingness to be considered for the ASSE International Board of Directors. These positions on the Board of Directors are essential in establishing the goals and policies of ASSE International and are significant in determining the future of ASSE International in this country and in many other nations as well.