

## 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. Each region below (Western, Central, Southern, and Northeastern) will have two Regional Directors, jointly representing members and chapters of that region.

	President Vice-President Treasurer Manufacturers' Representative		Western Regional Director Central Regional Director Southern Regional Director Northeastern Regional Director				
Ι	I		nominate(Name of Nominee)				
for the office marked above and attest that they are an ASSE International Member.							
NOMINEE INFORMATION							
Name:			Membership Number:				
ASSE Region:			ASSE Chapter:				
Cell P	Phone: Work Phone	ne:	Email:				
NOM	INATOR INFORMATION						
	:	M	embership Number:				
			SSE Chapter:				
Cell P	Phone: Work Pho	ne:	Email:				

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's Working Pressure 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:		Phone:				
Home Address:	Street/PO Box	City	State	Zip		
	ed for:					
Office, if currer	ntly held:					
LIST ASSE In	ternational national associate.	ciation activities, includi	ng offices held, co	mmittees,		
	ternational state or local nors, service, etc.	association activities, in	cluding offices hel	d,		
JST other lead	dership roles and accompl	ishments:				



## 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 nominated for the	following position of ASSE International:					
President, Vice-President, Treasurer, Regional Director (Region), Manufacturers' Representative						
If I am selected for the final slate of nominees for this	office, and if I am elected, I agree to serve.					
Signature	Date					
Please provide the following information, complete the and return it to the Nominations Committee Chair, C/C August 1 <sup>st</sup> of the current year to be considered by the e	ASSE International Office, no later than					
Name:						
Home Address:						
Phone (indicate best time to call):						
Email Address:						
ASSE International Region:						
ASSE International Chapter:						

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.