

# Nomination Form

## Al-Anon/Alateen Profile

<input type="checkbox"/> Chairperson	<input type="checkbox"/> Alternate Treasurer
<input type="checkbox"/> Alternate Chairperson	<input type="checkbox"/> Office Committee
<input type="checkbox"/> Secretary	<input type="checkbox"/> Coordinator (please specify)
<input type="checkbox"/> Treasurer	

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: OH Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell or Pager (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Number of years of active Al-Anon/Alateen membership: \_\_\_\_\_

Name of homegroup: \_\_\_\_\_

Do you actively use a sponsor? \_\_\_\_\_

List current and previous Al-Anon/Alateen service:

Service Level	Experience	Years
Group		
District		
Intergroup		
State Assembly		
Other		

Tell us something about any experience or training you have that you feel is relevant to the service position you are interested in filling:


Tell us something about yourself:


What would you like to accomplish during your term of office?
