

OFFICIAL NOMINATION FORM

Nominee's Name: _____

Position for which Nominated: _____

An individual or Agency member of IPMA-HR for no less than 3 years?

- Yes No

IPMA-HR ID Number: _____

State activities that substantiate this person's active involvement in the field of public personnel administration/human resources or employee relations to include having served as a minimum of 2 years as a Chapter Officer or Board Member or IPMA-HR Committee Member:

List at least two (2) IPMA Southern Region Conferences this individual has attended, not including the current conference:

Does the nominee have his/her employer's authorization and support for candidacy? (Attach employer authorization and support) Yes No

From which state is the nominee? _____

Briefly state why the nominee has interest in becoming a member of the Governing Board of IPMA Southern Region:

Nominated by: _____
Signature

Signature