

Kansas Association of Addiction Professionals

Nomination Form

The Kansas Association of Addiction Professionals is currently soliciting nominations for 2014-2015 Officers. **Nominations will be accepted until Friday, August 1st.** Please review the current by-laws of the Association prior to completing this nomination form. The nomination form must be completed in its entirety. **The completed form may be submitted via email, fax or USPS if post marked no later than Friday, August 1st.** Nomination forms should be submitted to Tracy Green, KAAP Vice-Chair via the following:

tracy@sckfcd.org

(620) 672-7148 (fax)

South Central Kansas Foundation, 501 S. Ninnescah, Pratt, KS 67124

Nominating Member Information:

Name: _____ Professional Organization: _____

Address: _____ City, State, Zip Code: _____

Phone Number: _____ Email: _____

Individual Nomination:

I wish to nominate _____ as a candidate for the Officer position indicated below. By completing this nomination, I attest that I am a member of the Association and my membership is in good standing. To my knowledge, this candidate meets the eligibility criteria listed in Article VI: Officers, B. Qualifications of Officers.

Nominee Information:

Name of Nominee: _____ Professional Organization: _____

Address: _____ City, State, Zip Code: _____

Phone Number: _____ Email: _____

____ Chair ____ Vice-Chair ____ Secretary ____ Treasurer

Signature of Nominating Member: _____ Date: _____