

**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**