MAGE NOMINATIONS APPLICATION

SEEKING OFFICE OF (CHECK ONE):

[] President		[] 1 st Vice-President			
[] 2 nd Vice-President		[] District Director			
[] Secretary-Treasurer		[] District Deputy Director			
NAME: LAST		FIRST	MIDDLE		
ADDRESS	CITY	STATE	Z	ZIP	
HOME PHONE	WORK F	PHONE	DISTI	RICT NO.	
sections of the Bylaws of the M which I desire nomination and h	lichigan Associatio ereby express my	on of Governmenta willingness to faith	ıl Employees, w nfully discharge	imployees. I have read the appropriate hich set forth the duties of the office for all of the duties attendant there to. I am me by MAGE's State Board of Directors	
		ure of Applicant			
State your qualifications fo	r the office you	are seeking:			
WORK HISTORY: EMPLOYER		SITION OR RVICE TITLE WHEI	N APPLICABLE	LENGTH OF EMPLOYMENT	

(NOTE: Provision of the following information is voluntary. It may be used in the IMAGE when announcing your candidacy for office, but will not be used by the Nominating Committee to determine your fitness for the office that you seek.)

OFFICES HELD IN OTHER ORGANIZATIONS:

ORGANIZATION	OFFICE HELD	YEARS SERVED			
MACE OFFICES HELD					
MAGE OFFICES HELD:					
OFFICE/COMMITTEE		YEARS SERVED			
PERSONAL HISTORY (Background information for publication):					

TO HAVE YOUR NOMINATION PUBLISHED IN THE WEBSITE THIS FORM AND YOUR PICTURE MUST BE IN THE MAGE OFFICE NO LATER THAN MARCH 15. EMAIL YOUR PICTURE TO INFO@MAGE.ORG YOU MAY BE NOMINATED FROM THE FLOOR IF RECEIVED AFTER THIS DATE. MAIL TO:

MAGE NOMINATIONS COMMITTEE 6920 S Cedar St. Suite 7 Lansing, MI 48911

NOTE: Applicant may attach additional sheets if required.