

VALVT OFFICIAL NOMINATION FORM FOR BOARD POSITION(S)

Office for Nomination: _____

Candidate's Name: _____

Home Address: _____

E-Mail Address: _____

Employer: _____

Business Phone: _____

Year of Licensure: _____ Vet Tech School Attended: _____

Professional Interests: _____

Personal Interests: _____

Is Candidate willing to serve full term _____ YES _____ NO

Does candidate fully understand duties of chosen office
_____ YES _____ NO

Comments/Additional qualifying remarks _____

Nominations must be received no later than October 29, 2017 to Sarah Turner at VALVTSecTreas@gmail.com.