

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, 2020 to  
VALVTinc@gmail.com

**\*Please Note\*** Should you receive your position of choice, you must  
attend VALVT's Turnover Meeting