



## MAWD Board Election Form 2017

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax \_\_\_\_\_

Email Address: \_\_\_\_\_

Workforce Development Board Region: \_\_\_\_\_

Please check the position you are running for:

President Elect

Secretary

Representative at Large (2 year term) (3 opening)

Membership Chair

Business Relations

Public Information Chair

I, \_\_\_\_\_, hereby certify that I am a member of the Missouri Association for Workforce Development. I have read and understand the duties and responsibilities of the position I am running for. I am committed to fulfilling the duties of the position to the best of my abilities should I be elected.

Please prove this form, letter of support from supervisor, autobiography and qualifications to hold office. Completed forms must be received by close of business on April 21, 2017 to Scott Sattler at [perryedasattler@gmail.com](mailto:perryedasattler@gmail.com)