



MAWD Board Election Form 2021

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: (all positions are two-year terms unless otherwise stated)

____ President Elect

____ Secretary

____ Membership Chair

____ Public Information Chair

____ Representative at Large (3 seats)

____ Professional Development (1 year term)

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 provide this form, letter of support from supervisor, autobiography and qualifications to hold office. Completed forms must be received by close of business on May 7, 2021 to Dana Keller at gammmdk@marktwain.net