



MAWD Board Election Form 2023

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

Public Information

Professional Development

Representative At-Large (3 Seats)

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, and autobiography.