

2019 GAMA Executive Committee Nomination

Candida	te Details					
First Nam	me:			Last Name:		
Cell Phone:			Home Phone:			
Email:				1		
Address:						
City:		State:	GA	Zip:		
Total year	s of GAMA N	Iembership				
below, and						nmittee member, as listed didate for the 2019 GAMA
Signature	:			Date:		
Sponsor	Details					
First Name:				Last Name:		
Cell Phon	e:			Home Phone:		
	y nominate t ember with n		e for the 2019	GAMA executive co	ommittee and	I certify that I am a 2018
Signature	:			Date:		
For offic	e use only.	Do not write bel	ow this line			
Nomination status:		Accepted: Rejected:				
If rejected, reason:						
2019 GA	MA Exect	utive Committe	e Eligibility	y		
1	A GAMA member for year 2018 with the membership dues paid before Sep 30, 2018					
2	Not an elected executive member consecutively for last 2 years, 2017 and 2018.					
3	Must be nominated by an eligible 2018 GAMA member.					
4	To become president, he/she should be a GAMA member for 5 years. Not required to be consecutive years.					
5	Completed forms with signatures must be received by Nov 03, 2018.					
6	All forms either emailed to electionboard@gamaonline.org or sent to PO Box 452, Suwanee, GA 30024-9998 by Nov 03, 2018					
7	All forms submitted will be reviewed by our office before Nov 17, 2018, until then a candidate may withdraw their nomination via a written request.					