

# 2020 GAMA EXECUTIVE BOARD ELECTION NOMINATION FORM



## Member Details

**(All fields in this section MUST be filled)**

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Cell Phone:	<input type="text"/>	eMail Address:	<input type="text"/>
Home Address:	Street: <input type="text"/>		
City:	State: <b>GA</b>	Zip: <input type="text"/>	
Number of Years with GAMA	<input type="text"/>		
Signature		Date	
<input type="text"/>		<input type="text"/>	

## AMENDMENT/RESOLUTION PROPOSALS FOR 2018 GENERAL BODY

**(Please add additional sheets as required. Please initial and date every additional sheet)**

# 2020 GAMA EXECUTIVE BOARD ELECTION NOMINATION FORM