

Nomination Form for a USAW/NJ position on the State Governing Body

Date _____

Position for which this nomination is being made: _____

Fiscal year for which this nomination is being made: _____

Nominator Information

Name of member making the nomination: _____

Be sure your name is exactly as listed on your USAW membership

Address: _____

Email: _____

Phone: _____

USAW Membership type: _____

USAW Membership number: _____

Nominee Information

Name of the nominee: _____

Be sure your name is exactly as listed on your USAW membership

Address: _____

Email: _____

Phone: _____

USAW Membership type: _____

USAW Membership number: _____

Please feel free to add any comments to support this nomination:
