

ERICSA Board of Directors' Nominations Form 2019-2020

Nominator's Information [Self-Nomination Acceptable]:

Name: _____

Email Address: _____

Phone Number: _____

Current Employer: _____

Number of years you have known the nominee: _____

Nominee's Information [Must be an active member of ERICSA]:

Name: _____

Business Address: _____

Email Address: _____

Phone Number: _____

Current Employer: _____

Number of Years as ERICSA Member (Attended Annual Conference or paid member): _____

Child Support Experience	# of years	Positions held
<input type="checkbox"/> Child Support Agency Type (State/Local/Tribal/etc.): _____		
<input type="checkbox"/> Family Court Official		
<input type="checkbox"/> Federal Child Support Agency		
<input type="checkbox"/> Private Contractor		
<input type="checkbox"/> Other		

Has the Nominee attended the last annual conference [Dayton Beach, FL 2018] or paid their dues to be considered an active member as required to be considered for a position on the Board?

Yes No

ERICSA experience, please check all that apply (if box is checked, please provide details and dates below):

- | | |
|---|--|
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Committee Chairperson |
| <input type="checkbox"/> Conference Session Coordinator | <input type="checkbox"/> Conference Workshop Coordinator |
| <input type="checkbox"/> Conference Workshop Speaker | <input type="checkbox"/> Conference Workshop Moderator |
| <input type="checkbox"/> Conference Vendor | <input type="checkbox"/> Conference Attendee |

- | | |
|--|------------------------------------|
| <input type="checkbox"/> ERICSA Board Member | <i>Date last term ended:</i> _____ |
| <input type="checkbox"/> ERICSA Honorary Board member | <i>Date last term ended:</i> _____ |
| <input type="checkbox"/> ERICSA Executive Committee Member | <i>Date last term ended:</i> _____ |

If any of the above ERICSA experience boxes are checked, use the space below for details, dates, and comments:

Please state why you think the nominee would make an excellent addition to the ERICSA board:

Have you told nominee that you are nominating him or her?

Additional Comments:

Please note that current ERICSA board members may not continue to serve more than three (3) consecutive two-year terms on the ERICSA board, excluding any portion of a term to which they were appointed to fill a board vacancy.

Please return this form and a copy of the Nominee's resume to Pam Sala at salap@oakgov.com no later than Wednesday, March 6, 2019.