ERICSA Board of Director's Nominations Form 2016-2017

Nominator's Information:

Name: _____

Email address: _____

Employer: _____

Number years in IV-D employment: _____

Number of years a member of ERICSA: _____

Number of years you have known the nominee: _____

Nominee's Information:

Name: _____

Business Address: _____

Email Address: _____

Current Employer: _____

Child Support Experience	# of years	Positions held
☐ Private Contractor		
☐ State Child Support Agency		
☐ Family Court Official		
☐ Federal Child Support Agency		
☐ Other		

Has Nominee attended the last annual conference and/or paid their dues to be considered an active member?

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

☐ Committee Member
☐ Committee Chairperson
☐ Conference Session Coordinator
☐ Conference Workshop Coordinator
☐ Conference Workshop Speaker
☐ Conference Workshop Moderator
☐ Conference Vendor
☐ Conference Attendee

☐ ERICSA Board Member — *Date last term ended*: _____
☐ ERICSA Honorary Board member — *Date last term ended*: _____
☐ ERICSA Executive Committee Member — *Date last term ended*: _____

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

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

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

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Additional Comments:

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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 cwest@ywcss.com no later than February 12, 2016