

**ALABAMA COUNSELING ASSOCIATION
NOMINATION FOR OFFICER FORM**

NAME OF NOMINEE: _____

OFFICE FOR WHICH NOMINATED:

____ PRESIDENT-ELECT ____ SECRETARY ____ TREASURER ____ HISTORIAN
--

PRESENT EMPLOYMENT POSITION: _____

EMPLOYER'S ADDRESS	HOME ADDRESS
PHONE:	PHONE:
FAX:	FAX:
E-MAIL:	E-MAIL:

EDUCATIONAL BACKGROUND:

HIGHEST DEGREE: _____ **COLLEGE OR UNIVERSITY:** _____

PROFESSIONAL EMPLOYMENT:

(List beginning with employment held immediately prior to current position.)

TITLE	EMPLOYER	DATES OF EMPLOYMENT

PROFESSIONAL MEMBERSHIPS:

(See back)

**ALABAMA COUNSELING ASSOCIATION
NOMINATION FOR OFFICER FORM (continued)**

OFFICES PREVIOUSLY OR CURRENTLY HELD IN PROFESSIONAL ORGANIZATIONS:

ORGANIZATION	OFFICE	DATES/TERMS

**SIGNIFICANT PROFESSIONAL CONTRIBUTIONS:
(Especially in ALCA – state, chapter, and/or divisions and ACA.)**

HAS THE PERSON NOMINATED GIVEN HIS OR HER FULL CONSENT? Yes No

CHAPTER/DIVISION MAKING NOMINATION	CHAPTER/DIVISION PRESIDENT'S SIGNATURE

NOTES: (1) State officers in ALCA must hold membership in the American Counseling Association and the Alabama Counseling Association. (2) A typewritten position statement of 100 words or fewer must be attached. (3) Only portions of the information submitted in this nomination packet will be used for publication. (4) Attach additional sheets as needed not to exceed 10 pages. (Electronic format, please) (5) Please email a professional photo in .jpg format along with this form to the ALCA Nominations Committee Chair at donna.clark@hsv-k12.org.

COMPLETED NOMINATION PACKET MUST BE MAILED AND BE POSTMARKED NO LATER THAN SEPTEMBER 15, 2015. A *RECEIPT OF PACKET POSTCARD* WILL BE MAILED TO CHAPTER/DIVISION PRESIDENTS SUBMITTING NOMINATIONS.

MAIL PACKETS TO: Donna Clark 256-428-6925 (W)
 308 Mountain Gap Road 256-509-6404 (C)
 Huntsville, AL 35803 donna.clark@hsv-k12.org