

Washington School Nutrition Association

Recommendation for Nomination

Nominated Member's Name _____

Nominated Position _____

Address _____

City/State/ZIP _____

Employed by _____

Work Phone (_____) _____ Home Phone (_____) _____

FAX (_____) _____ Current Chapter _____

Years of Membership _____ Nominated Member's Membership # _____

Nominator's Name _____ Signature _____

- The nominated member has been contacted and is willing to run for this position.
- The nominated member has not agreed to be considered for this position, but I believe that he/she would be an excellent candidate.

Submit to Nominating Committee.