

Nomination Forms due June 30, 2014  
Self nominations are encouraged  
Terms Begin January 1, 2015

- President-Elect** – Must be a current Institutional NALBOH board of health member for at least 2 years and a current member of the NALBOH Board of Directors.
- Secretary-Treasurer** – Must be a current Institutional NALBOH board of health member.
- Director At Large** – Must be a current Institutional NALBOH board of health member.
- State Affiliate Director (Southwest)** – Must be a current Institutional NALBOH board of health member or a member of the governing body of an Affiliate NALBOH member who is a past or current member of a local board of health from the Southwest quadrant.

**Nominee**

Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone, fax and email \_\_\_\_\_

**Nominated by (if not a self-nomination)**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone and email \_\_\_\_\_

**Background**

Board of Health: \_\_\_\_\_ NALBOH Member: (yes/no) \_\_\_\_\_  
NALBOH or SALBOH Offices, Committees, Positions Held: \_\_\_\_\_

Involvement in Other Community/State/Regional/National Activities: \_\_\_\_\_  
\_\_\_\_\_

Nominee's public health experience, including any outstanding achievements, awards and special recognition: \_\_\_\_\_  
\_\_\_\_\_

Describe why this nominee (you) be a good candidate for the NALBOH board and for this position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nomination forms with a curriculum vitae or resume must be received by close of business on **June 30, 2014**.  
Mail, fax or email to the NALBOH office:  
563 Carter Court, Suite B  
Kimberly, WI 54136  
(920) 882-3655 (fax); NALBOH@badgerbay.co