



NAADAC 2006 ELECTIONS NOMINATION FORM

This form must be received on or before March 10, 2006

Only current members of NAADAC should complete this form. If you are nominating a candidate, you must have sought approval from the nominee prior to submission. If you are nominating a candidate please be sure h/she receives a copy of the form and approves information for submission prior to the submission deadline. Information listed on this form, or accompanying documents will be the only information about the candidate voters will receive. All information will appear exactly as listed on any candidate information sent to voters.

Nominee: _____

Credentials: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(w) _____ (h) _____ (fax) _____

email: _____

Selected Office Candidate is Nominated for (please select only one office):

- | | |
|---|---|
| <input type="checkbox"/> President-Elect | <input type="checkbox"/> Regional Vice President Region: Mid-Atlantic |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Regional Vice President Region: Mid-South |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Regional Vice President Region: Northeast |
| | <input type="checkbox"/> Regional Vice President Region: Northwest |

Qualifications for Candidates:

Only members in good standing who have been actively engaged in work in addiction counseling or as an addiction professional for at least two years immediately prior to nomination shall be eligible for an elective office with the Association.

Nominees for the position of Regional Vice President must represent a state wherein an Affiliated State Association is in place and may only be nominated for a region in which they reside.

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Summarize the nominee's NAADAC activities: *(Please feel free to elaborate on a separate piece of paper.)*

Philosophy statement of the nominee on the future of NAADAC: *(Please feel free to elaborate on a separate piece of paper.)*

Other qualifications of the nominee for this office: *(Please feel free to elaborate on a separate piece of paper.)*

Nominated by: Name: _____

Address: _____

Phone: (w) _____ (h) _____

Email: _____

Signature _____

Return to: **NAADAC Nominations & Elections**
901 N. Washington Street, Suite.600
Alexandria, VA 22314
Fax: 800-377-1136
Email: dkuehn@naadac.org Put "Nomination" in the subject line

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