

VCTA OFFICER ELECTIONS NOMINATION FORM

I nominate: _____

for the office of (circle one position below):

VCTA President/Delegate

VCTA Vice President/Delegate

VCTA Treasurer/Delegate

VCTA Secretary/Delegate

Print Name: _____

Signature: _____

Date: _____

I accept the above nomination.

Signature: _____

Date: _____

Please submit this form and a brief biographical sketch to:

Joe Collins, Elections Committee Chair, Middle School