

2007 MCTM Call for Nominations

MCTM Board of Directors Election



I, _____, nominate the following person for:

- | | | |
|---|--|---|
| <input type="checkbox"/> President | <input type="checkbox"/> Region 1 Director | <input type="checkbox"/> Region 8 Director |
| <input type="checkbox"/> High School VP | <input type="checkbox"/> Region 2 Director | <input type="checkbox"/> Region 9 Director |
| <input type="checkbox"/> Junior/Middle School VP | <input type="checkbox"/> Region 3 Director | <input type="checkbox"/> Region 10 Director |
| <input type="checkbox"/> Elementary VP | <input type="checkbox"/> Region 4 Director | <input type="checkbox"/> Region 11 Director |
| <input type="checkbox"/> Two Year College VP | <input type="checkbox"/> Region 5 Director | <input type="checkbox"/> Region 12 Director |
| <input type="checkbox"/> Four Year Institution VP | <input type="checkbox"/> Region 6 Director | <input type="checkbox"/> Region 13 Director |
| <input type="checkbox"/> Recording Secretary | <input type="checkbox"/> Region 7 Director | <input type="checkbox"/> Region 14 Director |
| <input type="checkbox"/> Treasurer | | |

(Please print clearly.)

My e-mail address is: _____

Please complete the Nominee's Information below:

Name of Nominee: _____

E-Mail address: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Fax Number: _____

Please circle the appropriate level of the nominee's primary responsibility:

- Elementary Middle/Junior High High School College/University
 Other: _____

Please submit this form by March 1st of the current year to:

Alecia Powell, MCTM Nominations & Elections Committee
3300 Washtenaw Avenue, Suite 220, Ann Arbor, MI 48104-4294
Phone: (734) 477-0421, Fax: (734) 677-3287