APPLICATION FOR WVAD OFFICER
TERM: 2019 – 2021

First Name, Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Video Phone No.: _____ Cell Phone (Text) No.: _____

E-mail: _____

Member of WVAD? ☐ Yes ☐ No How long? _____

Attended 41st Biennial Conference 2 years ago at Glade Springs Resort, WV? ☐ Yes ☐ No

Live in the State of West Virginia? ☐ Yes ☐ No

Officer of WV School for the Deaf Alumni Association (WVSDAA)? ☐ Yes ☐ No

Office: ☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer ☐ Trustee

Why do you want to be an officer for WVAD?

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SUBMIT TO NOMINATING COMMITTEE
DUE: 8/10/2019 ~ 9:00 A.M.