



WVAD OFFICER NOMINATION FORM

TERM: 2021 – 2023



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 42nd Biennial Conference at Lakeview Resort, Morgantown, 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

Person you want to nominate to be WVAD officer: _____

Why do you want to be an officer or nominate the person named above to be an officer for WVAD?

E-mail Form to WVAD President (mickwvad1921@gmail.com)
DUE BY AUGUST 1, 2021