**AFTOA NOMINATION FORM**

Alberta Fire Training Officers Association

P.O. Box 2603 Stony Plain, AB T7Z-1Y2

Email: abfiretrainingofficers@gmail.com

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **POSITION**:  Indicate the position of nomination and the zone you reside within. | | | | | | | | | | | | |
| **Nomination Date**: | | | | MM/DD/YYYY | |  | | | | | | |
| **Position:** President 1st Vice 2nd Vice Secretary Treasurer Zone Rep Alternate Rep | | | | | | | | | | | | |
| **AFTOA Zone:**  North Central South | | | | | | | | | | | | | |
| Department: |  | | | | | | | | | | | | |
| **APPLICANT PERSONAL INFORMATION:** | | | | | | | | | | | | | |
| Full Name: | |  | | | | | |  | | | |  | |
| *Last* | | | | | | | | *First* | | | | *M.I.* | |
| Address: | |  | | | | | | | | | |  | |
| *Street Address* | | | | | | | | | | | | *Apartment/Unit #* | |
|  | |  | | | | | | | |  | |  | |
| *Town/City/County* | | | | | | | | | | *Province* | | *Postal Code* | |
| Home Phone: | | **( )** | | | Alternate Phone: | | | | **( )** | | | | |
| E-mail Address: | |  | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **EXPERIENCE:**  List any relevant experience for the position. This will be listed on the candidate’s bio on the member only section when nominations are closed. (Attach additional sheet if required). | | | | Training: |  | | | Fire Service-Work : |  | | | Committee/Other: | |  | | | | | | | | | | | | | | |
| **AUTHORIZATION/DECLARATION:** | | | | | | | | | | | | | |
| By submitting this application I am formally offering my name for nomination for the position indicated above with the AFTOA. I have read and understand both the bylaws of the association and Operational Guidelines for the position, am a member in good standing, and have the support of my organization for the above position. | | | | | | | | | | | | | |
| Applicant signature: | | |  | | | | Date: | | | |  | | |