**AFTOA NOMINATION FORM**

Alberta Fire Training Officers Association

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

Email: abfiretrainingofficers@gmail.com

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| **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: |  |
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| **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: |  |

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| **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: |  |