

MiOTA Executive Committee Board Member

Nomination/Application Form

1. Position you are requesting nomination for (check one):
 - Membership Director
 - Member-At-Large / Secretary
 - Advocacy Director
2. Your AOTA membership #: _____ Expiration/Renewal Date: _____
3. Your MiOTA membership #: _____ Expiration/Renewal Date: _____
4. State of Michigan license #: _____ Expiration/Renewal Date: _____

(* Please note, you only need to practice in the state of Michigan and be a MiOTA member to run for office).

Information to be included on the voting ballot:

Bio:

Previous experience that supports position you are running for:

Committees you have served on in MiOTA or AOTA:

Platform on which you are running:

By signing this form (initials for electronic transmittal), you agree, that should you be elected, you will serve the term as outlined by the Bylaws and Standard Operating Procedures of the Michigan Occupational Therapy Association Corporation.

Printed Name: _____ Signature: _____ Date: _____

Please submit to the MiOTA office via email, fax or mail (postmark must be on or by nomination due date).

FOR 2019-2020 TERM ELECTIONS: Return completed Nomination form by **June 15th, 2018 to:**

Michigan Occupational Therapy Association ** 124 W. Allegan, Ste 1900 ** Lansing, MI 48933

Fax: (517)-484-4442 ** Email: office@miota.org

Please contact us by email (above) or phone: (517) 267-3918 should you have any questions or need assistance. Thank you.