



## Individual or Self-Nomination Form for State Director

Please use the following form when submitting individual recommendations. Be sure to include nominee's telephone number. Mail the completed form to APHA, State Directors Nominating Committee, Attn: Karen Ficklin, P.O. Box 961023, Fort Worth, Texas 76161-0023 or send by email to [kficklin@apha.com](mailto:kficklin@apha.com). All nominees will need to submit a resume and photograph before their nomination can be considered. The form can be found at <https://americanpainthorseassoc.formstack.com/forms/aphadirectorscbio>. **Also, the APHA Leadership Code of Conduct will need to be signed** The Leadership Code of Conduct can be found at [https://americanpainthorseassoc.formstack.com/forms/code\\_of\\_conduct](https://americanpainthorseassoc.formstack.com/forms/code_of_conduct).

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**NOTE: ALL RECOMMENDATIONS MUST BE EMAILED OR POSTMARKED NO LATER THAN AUGUST 15, 2022.**

Area: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ APHA ID Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Article VI, Sec. 6.1.E.a. of the APHA's 2022 Official Rule Book states, "Recommendations for nominations from Regional Associations/Clubs will be received by the State Directors Nominating Committee. In addition, an individual may recommend him/herself for nomination upon submission of the signatures of **five** APHA current members in good standing (see Article II, Section 2.2) and residing in the same Representative Area evidencing endorsement of the recommendation. Nominees shall provide a resume about themselves to be made available to the committee and voters. Failure to provide a resume will be grounds for removing the nominee from the ballot."

Please use the space below for the signatures and membership numbers of those endorsing the director nominee. One or more signatures may appear on this form. This form may be copied to provide for additional recommendations.

1. \_\_\_\_\_ APHA ID No. \_\_\_\_\_ Telephone No: \_\_\_\_\_

2. \_\_\_\_\_ APHA ID No. \_\_\_\_\_ Telephone No: \_\_\_\_\_

3. \_\_\_\_\_ APHA ID No. \_\_\_\_\_ Telephone No: \_\_\_\_\_

4. \_\_\_\_\_ APHA ID No. \_\_\_\_\_ Telephone No: \_\_\_\_\_

5. \_\_\_\_\_ APHA ID No. \_\_\_\_\_ Telephone No: \_\_\_\_\_