Indiana Veterinary Medical Association
*Nomination Form*

*Name of Candidate:* _____

☐ **President-elect**
Position Qualifications: Candidate must have been a member of the IVMA for at least 3 years prior to being nominated.

☐ **Treasurer**
Position Qualifications: Candidate must have been a member of the IVMA for at least 3 years prior to being nominated.

☐ **AVMA Delegate**
Position Qualifications: Candidate must have been a member of the IVMA for the past 5 years and must have served at least 2 years on the IVMA Board of Governors (previously the Executive Committee). It would be desirable for any candidate nominated for Delegate to have served previously as Alternate Delegate.

☐ **AVMA Alternate Delegate**
Position Qualifications: Candidate must have been a member of the IVMA for the past 5 years and must have served at least 2 years on the IVMA Board of Governors (previously the Executive Committee).

☐ **IVMA At-Large Board Member**
Position Qualifications: Candidate must have been a member of the IVMA for at least 3 years prior to being nominated and must demonstrate veterinary/community involvement, strategic thinking, communication, vision, etc.

☐ **IVMA Regional Board Member – Region 1_____ Region 2 _____ Region 3 _____**
Position Qualifications: Candidate must have been a member of the IVMA for at least 3 years prior to being nominated and must demonstrate veterinary/community involvement, strategic thinking, communication, vision, etc.

Please list the office, committees, and boards you have served on in organized veterinary medicine and the years of service:

| Year(s) | Organization | Position |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**To Be Completed by Candidate:**

I hereby permit my name to be submitted for consideration to the Nominating Committee for the position listed above. If nominated, I will accept and if elected, I will serve.

Name:
Street Address: _____ Office Phone: _____
City/Zip Code: _____ Email: _____
Signature of Candidate: _____ Date: _____

Return this form by August 1st to:

IVMA
1202 E. 38th Street, Suite 200
Indianapolis, IN  46205
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