



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:

Nomination Statement: Please indicate your area of veterinary practice and why you wish to be a candidate for IVMA office.

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

Name:	_____	School/Year of Graduation	_____
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
lisa@invma.org fax 317/974-0985

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