



**OREGON FIRE SERVICE OFFICE ADMINISTRATORS
Officer Nomination Application**

Name: _____ Phone: _____

Position: _____ Fax: _____

District/Department: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby tender my nomination for the following officer position in the Oregon Fire Service Office Administrators organization:

- | | |
|------------------------------------|---|
| _____ President (2 year term) | _____ Region 1 Representative (2 year term) |
| _____ Vice President (2 year term) | _____ Region 2 Representative (2 year term) |
| _____ Secretary (2 year term) | _____ Region 3 Representative (2 year term) |
| _____ Treasurer (2 year term) | _____ Region 4 Representative (2 year term) |
| | _____ Region 5 Representative (2 year term) |

_____	_____
Applicant's Signature	Date

Nominees must furnish written approval from the appropriate authority verifying member's availability to serve as an officer for OFSOA. To satisfy this requirement, the following must be completed to qualify candidate:

WE APPROVE AND SUPPORT OUR APPLICANT'S INVOLVEMENT AS AN OFFICER IN THE OREGON FIRE SERVICE OFFICE ADMINISTRATORS FOR THE TERM LISTED ABOVE.	
_____	_____
Signature of Applicant's Authority	Date

**PLEASE MAIL COMPLETED APPLICATION TO:
The current Past President (past_president@ofsoa.com)**