

AMICAE AUXILIARY OF GREAT LAKES REGION
ZETA PHI BETA SORORITY, INC.

Nominations Committee Form
Candidate's Statement of Qualifications
Print All Information

CANDIDATE'S NAME: _____

CHAPTER: _____ LOCATION: _____

DATE INITIATED: _____ OFFICE SEEKING: _____

LIST CONFERENCES ATTENDED OVER THE PAST 2 YEARS:

- National: _____
- Regional: _____
- State: _____

LIST AMICAE POSITIONS HELD: _____

LIST NON-AMICAE POSITIONS HELD: _____

CANDIDATE'S STATEMENT: _____

Signatures indicate candidate meets the minimum qualifications for the position seeking:

CANDIDATE: _____ DATE: _____

LOCAL AUXILIARY PRESIDENT _____ DATE: _____

GLR AMICAE PRESIDENT _____ DATE: _____

Do Not Write Below This Line

SIGNATURE NOMINATIONS COMMITTEE CHAIR: _____

DATE RECEIVED: _____ NOMINATED FROM THE FLOOR: Y OR N

MEETS QUALIFICATIONS: Y OR N NAME SUBMITTED TO ELECTION CHAIR: Y OR N

SIGNATURE OF GLR AMICAE TREASURER: _____
TO VALIDATE FINANCIAL STATUS *ONLY!*

