AMERICAN ACADEMY OF CERTIFIED PUBLIC MANAGERS®
2012 OFFICER NOMINATION FORM

INSTRUCTIONS:

1. Any member of the Academy may nominate a Fellow in good standing. Self-nominations are also acceptable.
2. The nominator is responsible for ensuring that all six sections of the form are fully and accurately completed.
3. Fully completed nomination forms must be received by the Committee Chair at the address below no later than **August 8, 2012** to be considered. They may be mailed or faxed to:

Jeffrey A. Kramer, P.E., CPM, CCM
3035 South Bell Place
Chandler, Arizona 85286-2496
jeff.kramer@gilbertaz.gov
FAX NUMBER: 480-503-6191

SECTION I: NOMINEE DATA

Name of Nominee: _____

Address: _____

City/St/Zip: _____

Phone: _____ Fax: _____

Email: _____

SECTION II: NOMINATED OFFICE

Check the specific office for which the person listed in Section I is nominated:

_____ President-Elect _____ Treasurer ____ Member-at-Large for Communications

As a reminder, the term for Treasurer and Member-at-Large is two-years.

SECTION III: NOMINATOR DATA

Name of Nominator: _____

Address: _____

City/St/Zip: _____

Phone: _____ Fax: _____

Email: _____

SECTION IV: NOMINEE'S BIOGRAPHICAL DATA

A biographical sheet (including Society and AACPM activities, civic and community activities, job responsibilities and accomplishments, etc.) must be included with this form. Bio may not exceed ½-page, single-space, font size 10.

SECTION V: NOMINEE CERTIFICATION

The Nominee must read and sign the certification below:

This is to certify that I am aware of the duties and responsibilities of the office for which I am nominated, that I am willing to serve, and that the biographical information attached to this nomination is true and correct.

_____ _____

Signature of Nominee Date

SECTION VI: SOCIETY CERTIFICATION OF NOMINEE

The Society President or designated Society Officer must read and sign the certification below:

This is to certify that the nominee listed on this nomination form is a Fellow in good standing in our Society and in the American Academy of Certified Public Managers®.

_____ _____ _____

Signature of Society Officer Title of Officer Date