

***New York State Library Assistants' Association
Executive Council Officer Nomination Form***

I nominate _____ for the office of:

_____ President _____ Treasurer _____ Corresponding Secretary

Signed: _____

Print Name: _____

Library: _____

Phone: _____ Email: _____

Please be sure to include a brief bio of the nominee with this form.

Candidate Acceptance Form

I accept the above nomination.

Signed: _____

Print Name: _____

Library: _____

Phone: _____ Email: _____

Return to:

Coleen Hopkins
Milne Library
SUNY Geneseo
1 College Circle
Geneseo, NY 14454
Fax: (585)245-5997

Nominations must be received by October 15, 2011