



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

I nominate _____ for the office of:

_____ Vice President
_____ Recording Secretary

_____ Membership Secretary
_____ Conference Coordinator

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:

Nora Renda

NYSLAA Corresponding Secretary

134 Lockwood Memorial Library

University at Buffalo

Buffalo, NY 14260

or submit electronically to: nlrenda@buffalo.edu or fax to 716-645-5955

Nominations must be received by September 30th.