

**Ohio State Council  
Appointed Office Candidates Form**

Name: \_\_\_\_\_ Member No: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

**For the year \_\_\_\_/\_\_\_\_ in the Ohio State Council of ESA, I would like to be considered for the appointed office of:**

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Number of years in ESA \_\_\_\_\_ Ohio State Council \_\_\_\_\_

**Circle each Council Meeting/Convention attended the last two years::**

\_\_\_\_\_ Leadership/Council Meeting      \_\_\_\_\_ Winter Meeting      \_\_\_\_\_ Convention

\_\_\_\_\_ Leadership/Council Meeting      \_\_\_\_\_ Winter Meeting      \_\_\_\_\_ Convention

\_\_\_\_\_ Leadership/Council Meeting

Please list your present and past offices held, elected and appointed, starting with your latest position:

Chapter:

State:

MARC:

I.C.:

Other Qualifications/Awards:

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chapter President: \_\_\_\_\_

Submit form prior to, or at Winter meeting: OSC First Vice President