

APA Candidate Recommendation Form
SUBMISSION DEADLINE December 1, 2015



I _____ *hereby recommend the following:*
(First and Last Name)

Candidate Name: _____

For the position of: _____

From the _____ **REGION** who has been a member of APA for _____ years.

Phone: _____ **Email:** _____
(Candidate Phone) (Candidate Email Address)

____ Yes, this candidate is aware they are being recommended. Is this a self-recommendation? ____ YES ____ NO

____ No, this candidate is not aware they are being recommended.

Candidate is current with membership dues? ____ YES ____ NO Are they actively involved with APA? ____ YES ____ NO

What is your reason(s) for recommending this person for candidacy?

List any specific skills or qualities that you believe that this candidate can bring to the nominated position?

Please list two additional APA member references. (Not including the member making this recommendation.)

Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Email: _____ Email: _____

List any concerns candidate may have about holding office. _____

Please submit this form to:

**Angie Palmer, Nominating Committee Chair, 4111 4th Ave., STE 28, Kearney, NE 68845 or
office@centralnepresby.org (308) 236-6996**

The Nominating Committee will contact all recommended candidates following the posted deadline to see if they would like to continue the nomination process by completing an application. Please contact the Nominating Chair if you have any questions. Thank you.