

GPANA Nomination Form

Nomination # _____ Date: _____ Made by: _____

Nomination of: _____ for Position: _____

Qualifications (attach additional information if available):

What is the nominee's clean date? _____

What is the nominee's home group? _____

Has the nominee been read the qualifications & responsibilities of the position? Y / N

Does the nominee have an understanding of the qualifications & responsibilities of the position? Y / N

Additional information/questions:

Results:

Yes _____ No _____ Abstain _____

Refer to Home Groups _____ Refer to Guidelines _____ Other _____

Notes:
