



Executive Council Nomination Form

Two-Year Term 2017-19

Name of Candidate: _____ Department: _____

Contact Phone Number (to receive election results): _____

I am willing to be nominated for election as a representative on the AFA Executive Council.

I am currently a member of AFA and have been continuously for the past five months.

I agree to attend AFA Executive Council meetings and retreats, provide representation for faculty, maintain confidentiality, and represent AFA on at least one committee.

Regular faculty seat

Adjunct faculty seat

Signature of Candidate: _____ Date: _____

Candidate's Statement: Please provide a brief (250 words max.) statement about your interest in serving on the AFA Executive Council. You may write or print your statement in the space below, or attach it to this form on a separate sheet. Please email your statement to the AFA office at afa@santarosa.edu.

The election will be conducted online. AFA members will receive an email with a link to candidate statements. If you would like your photograph to appear alongside your statement, email the photo to afa@santarosa.edu or contact the AFA office at afa@santarosa.edu to arrange to have your photo taken.

**Please return this completed and signed *Nomination Form*
to the AFA OFFICE or fax to 524-1762
BY MONDAY, FEBRUARY 6, 2017**
