AFMLTA EXECUTIVE
NOMINATION FORM
2019

We, the undersigned financial members of the MLTA of

__________________________________________________________
(Insert State or Territory Association Name/s)

do hereby nominate

__________________________________________________________
(Insert Nominee’s Name)

for the position(s) of

PRESIDENT-ELECT / VICE PRESIDENT / SECRETARY / PROMOTIONS OFFICER
(Please circle role as appropriate)

Nominators
Signature of nominator (1): __________________________________________
Name of nominator (1): __________________________________________
Signature of nominator (2): __________________________________________
Name of nominator (2): __________________________________________

Nominee’s agreement
I am a financial member of the MLTA of ________________________, and accept nomination for the
above office(s) for the current term.

Signature of nominee: __________________________________________
Date: ______________________