



Edmonton Chapter Board Member Vacancies

Nomination Form

Please fill out the form below if you would like to nominate someone for an ARMA Board Member position. Self nomination is encouraged! Thank you for considering to serve your professional association.

Name: _____

Membership Number: _____

Email: _____

Phone: _____

Name of Nominee: _____

Position Nominated for: President Elect Treasurer Program and Learning Director Secretary
 Marketing Director Membership Director Communications Director

Tell us about the skills, interests, and experiences you or your nominee have that would be of benefit to the ARMA
Edmonton Chapter Board of Directors:

*Do you have the candidates consent? Yes No