



1055 N. Fairfax St. • Suite 205 • Alexandria, VA 22314 • 800-765-7848 x 7101 • aquaticspt@apta.org • aquaticpt.org

Nomination Form

Instructions: Submit one form for each person being nominated. You may recommend an individual (or yourself) for more than one position. This form must be received by **the deadline listed in the nominations and elections schedule**. Please return this form by mail or email via the information listed in the header.

Member Recommended (please provide contact information of possible):

Name: _____

Address: _____ City & Zip: _____

Telephone: _____ Email: _____

Recommended for the position(s) of:

Even-numbered years:

- Vice-President of Governance
- Vice-President of Education
- Secretary
- Director of Research
- Nominating Committee Member

Odd-numbered years:

- President
- Treasurer
- Director of Membership
- Director of Practice
- Nominating Committee Member

Person completing Nomination Form (must be an Aquatic Section member):

Name: _____ APTA Member #: _____

Please identify any qualities listed that you believe the nominee exemplifies:

- | | | |
|--|--|--|
| <input type="checkbox"/> Leadership experience | <input type="checkbox"/> Consensus builder | <input type="checkbox"/> Visionary |
| <input type="checkbox"/> Articulate | <input type="checkbox"/> Technology expertise | <input type="checkbox"/> Organized |
| <input type="checkbox"/> Persuasive | <input type="checkbox"/> Parliamentary knowledge | <input type="checkbox"/> Creative |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Good at networking | <input type="checkbox"/> Financial expertise |

Comment below about the nominee’s strengths and abilities:

Thank you for your participation. The Aquatic Section’s Nominating Committee will solicit this nominated individual for his/her consent to serve.