**NEVADA LIBRARY ASSOCIATION**

**NOMINATION CONSENT FORM**

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| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Organization:** |       | **City/State:** |       |
| **Phone:** |       | **Email:** |  |
| **In order to be considered for a Nevada Library Association office by the NLA Nominating Committee, we must receive your written consent before your name can be placed on the slate of candidates.** |
| **I hereby give my consent for my name to be placed in nomination for the NLA office of:** |  |
| **I am currently a member of NLA:** | **Yes** **[ ]  No** **[ ]** (double click to select checked) |

**Please write a brief biographical summary (150 words or less) of your personal credentials, experience, awards, previous offices, etc.:**

**Please write a short statement (50 words or less) about what you hope to accomplish for or contribute to NLA in this position:**

**Signature** (for digital signature, please print full name): **Date**:

Nomination Forms must be submitted by email or fax to the Elections Committee Chairman, Tam Anderson, by December 3rd, 2017.

**Tam Anderson, Elections Committee Chairman**

**Las Vegas-Clark County Library District: Rainbow Library**

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