Officer Nomination Form

Ohio Archers Association
www.ohioarchers.com
www.facebook.com/ohioarchers

Candidate Name: _____

Position of Interest: _____

Tell us a little about yourself:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Candidate Contact Information:

_____ _____
First Name **Last Name**

_____
Address

_____ Ohio _____
City **State** **Zip**

_____ _____
Phone **Email**

_____
OAA District of Residency

Return Nomination form to:
Lori Burnett
6398 Chiltern Road NW
Canal Fulton OH 44614
or by e-mail: lori@ohioarchers.com