

# ERICSA Board of Directors' Nominations Form 2021-2022

## Nominator's Information [Self-Nomination Acceptable]:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Number of years you have known the nominee: \_\_\_\_\_

## Nominee's Information [Must be an active member of ERICSA]:

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Number of Years as ERICSA Member (Attended Annual Conference or paid member): \_\_\_\_\_

Child Support Experience	# of years	Positions held
<input type="checkbox"/> Child Support Agency Type (State/Local/Tribal/etc.): _____		
<input type="checkbox"/> Family Court Official		
<input type="checkbox"/> Federal Child Support Agency		
<input type="checkbox"/> Private Contractor		
<input type="checkbox"/> Other		

Has the Nominee attended the last annual conference [Niagara Falls, New York] or paid their dues to be considered an active member as required to be considered for a position on the Board?

Yes       No

ERICSA experience, please check all that apply (if box is checked, please provide details and dates below):

- |   |  |
|---|--|
| <input type="checkbox"/> Committee Member               | <input type="checkbox"/> Committee Chairperson           |
| <input type="checkbox"/> Conference Session Coordinator | <input type="checkbox"/> Conference Workshop Coordinator |
| <input type="checkbox"/> Conference Workshop Speaker    | <input type="checkbox"/> Conference Workshop Moderator   |
| <input type="checkbox"/> Conference Vendor              | <input type="checkbox"/> Conference Attendee             |

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> ERICSA Board Member               | <i>Date last term ended:</i> _____ |
| <input type="checkbox"/> ERICSA Honorary Board member      | <i>Date last term ended:</i> _____ |
| <input type="checkbox"/> ERICSA Executive Committee Member | <i>Date last term ended:</i> _____ |

If any of the above ERICSA experience boxes are checked, use the space below for details, dates, and comments:

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Please state why you think the nominee would make an excellent addition to the ERICSA board:

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Have you told nominee that you are nominating him or her?

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Additional Comments:

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*Please note that current ERICSA board members may not continue to serve more than three (3) consecutive two-year terms on the ERICSA board, excluding any portion of a term to which they were appointed to fill a board vacancy.*

**Please return this form and a copy of the Nominee's resume to Pam Sala at [pamsala23@yahoo.com](mailto:pamsala23@yahoo.com) no later than Thursday, April 15, 2021.**