

Nomination for OHPA Board Representative

State:

Name:

Date Joined OHPA:

Professional background:

Statement supporting your nomination:

I hereby submit my name to the members of the OHPA Executive for consideration to be your incoming State Chair.

Print Name:

Signature:

Date Signed:

By signing this document, I understand that if elected, the term of State Chair is for two years.

Nominated By (please print):

Signature:

Seconder (please print):

Signature:

Attach / Insert Photo

A large, empty rectangular box with a black border, intended for the nominee to attach or insert their photo.