

# 2018 MOSA Officer Nomination Form (Due: 3/1/2018)

Office Desired: Check one:

- President (not Hinds CC) \_\_\_\_\_
- Vice-President (not Hinds CC) \_\_\_\_\_
- Secretary (not Meridian CC) \_\_\_\_\_
- Treasurer (not Meridian CC) \_\_\_\_\_
- Public Relations (not MS Delta CC) \_\_\_\_\_
- Nominations Chairman (not Alcorn) \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Month/Year graduation: \_\_\_\_\_

I am a current member of MOSA \_\_\_\_\_ Yes \_\_\_\_\_ No

I have read the MOSA Bylaws- Article VI-Officers & Article VII Duties of the Officers  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If elected I agree to serve MOSA to the best of my ability and abide by the MOSA Bylaws. I understand the term of my office and I agree to attend the MOSA Board meetings. I understand that I am required to attend national OADN convention during my elected term. I understand if I do not fulfill the duties of my office, the MOSA Board could remove me from office. Level II students running for office will be required to attend the MOSA Business Meeting at the 2018 MOADN Convention.

\_\_\_\_\_  
Signature of nominee Date

Director of Nursing and Faculty Advisor approval:

I verify the above nominee is currently enrolled in the ADN program at \_\_\_\_\_ College and is in good standing. I support this nominee and believe he/she can and will fulfill the responsibilities of the proposed office.

\_\_\_\_\_  
Dean or Director Date

\_\_\_\_\_  
Faculty Advisor Date