

**International Association of Administrative Professionals
Chapter Nomination for Indiana Division Office**

**Year for which Candidate
is Nominated:** _____
**Office for which
Candidate is Nominated:** _____
Candidate Name: _____
Mailing Address: _____
Telephone: Home: _____ Business: _____

Qualifications

(List in descending chronological order, continue on separate page if necessary)

Professional Experience

Present:

Previous:

Education:

IAAP Experience

International:

Division:

Chapter:

Other Affiliations

Present:

Previous:

The above named candidate is submitted by a vote of the members of the _____
Chapter at the Chapter's regular meeting on _____ (date).
The candidate is qualified and has consented to serve, if elected, as outlined in Article III of the
Indiana Division Bylaws and Standing Rules.

Submitted by: _____
Chapter President Date