



**Arizona Correctional Educators, Inc. (ACE)
Board of Directors**

Nomination Form

You are encouraged to self nominate or nominate someone else. Please ensure that nominees will be able to attend monthly meetings and fulfill the responsibilities as indicated in the position descriptions to support ACE. Thank you.

Nominee Name: _____

Position Title: _____

Agency/Employer: _____

Address: _____

City, State, Zip: _____

Phone Numbers: (W)_____ (H)_____

Email: _____

ACE Board Position Desired: (Check One)

President-Elect

Secretary

Vice-President of Membership

Vice-President of Professional Development

Treasurer

- 1. Please include a brief bio/resume (75 words or less) to be printed on the ballot.**
- 2. If nominee needs permission/release time to attend monthly meetings and other official ACE functions if elected, please secure appropriate approval to stand for election.**
- 3. Please sign below:**

As indicated by my signature below, I give consent to have my name placed in nomination for the position indicated above, and I agree to serve in the position as required if elected.

Signature of Nominee: _____

Date: _____

Please complete this nomination form and return by **March 31, 2010 via fax and/or email attachment to: Dorothy Wodraska: dwodra@schools.maricopa.gov or Fax: 602-372-8592**