Chapter Members Willing to Serve Lambda State

Name_____

Address_____

City_____Zip code_____

Chapter (# ___) _____
Phone #_____
Email_____
Visitor_____Date of Visit_____
(Complete and return to LS Nominations Chair) 7/03/16

Recommended for the following positions/state committees (be specific):

Check if applicable:

___technology expertise:

___computer presentation programs:

___workshop presenter; topic_____

___parliamentary procedures/rules knowledge

___proficiency in financial matters

___creative arts/fine arts

___demonstrates leadership skills

——knowledge of programs/projects that will develop educational excellence

Name of Committee or Office you might recommend:

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