

Nomination Form Instructions

1. Date Enter the date of nomination in the MM/DD/YY format.
2. LWIB # Enter the number assigned to the Local Workforce Investment Board by the State.
3. Nominating Entity Name Enter the name of the nominating organization.
4. Contact Person Enter the name of the contact person for the nominating organization.
5. Contact Person Phone Enter the phone number of the nominating organization, including area code.
6. Nominee Name Enter the first and last name of the person being nominated.
7. Nominee Organization Enter the name of the organization the nominee is representing.
8. City/County Representing Enter the city or county the nominee is representing as directed in the LWIB By-Laws. Enter N/A if neither the city or county are required information.
9. Signature of Contact Person The contact person nominating the member must sign the form.
10. Date Enter the date of the contact person's signature in the MM/DD/YY format.
11. Title of Contact Person Enter the title of the contact person.