

Nebraska Arborists Association – Nomination Form

PLEASE TYPE OR PRINT CLEARLY

NAME:

COMPANY:

PREFERRED MAILING ADDRESS:

ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

WORK PHONE:

FAX:

E-MAIL:

EDUCATION/TRAINING (School, Degree, Field of Study):

MISC. TRAINING (e.g. Arborists School):

UNDERGRADUATE:

GRADUATE:

ADVANCED:

CURRENT EMPLOYMENT (PRIMARY FUNCTIONS OR AREAS OF SPECIALTY):

EMPLOYMENT HISTORY:

CURRENT & PREVIOUS NAA ACTIVITIES:

PROFESSIONAL AND COMMUNITY ACTIVITIES, OTHER AFFILIATED MEMBERSHIPS, HONORS & AWARDS:

OTHER (e.g. family, hobbies, etc.)

STATEMENT OF CANDIDACY (To be printed in NAA Newsletter):

What would you like to accomplish through your service on the NAA Board of Directors? What leadership, collaborative skills and experience do you bring to this effort? Etc.

Email photo to staff@nearborists.org

PLEASE RETURN BY NOVEMBER 15 TO: NAA, 521 First Street, Milford, NE 68405