

CONFERENCE:					
1A	4A				
2A	5A				
3A	6A				

## **COMMITTEE NOMINATION APPLICATION FORM**

(Please submit electronically to <a href="mailto:tcoady@aiaonline.org">tcoady@aiaonline.org</a>)

## PLEASE PRINT (please use black ink) OR SUBMIT ELECTRONICALLY

COMMITTEE:			DATE SUBMITTED:			
NAME OF I	NDIVIDUAL RECOM	MENDED:				
NOMINEE'S	S ADDRESS AND TE	ELEPHONE: _				
Business:	Name:					
	Street:					
	City:		State:	Zip:		
	Business email: _					
Home:	Street:					
	City:					
	Phone:		Fax:			
SIGNATURE OF SUPERVISOR		ERVISOR			FITLE / SCHOOL	
	TIONS OF INDIVIDUAL e in field of nomination:	•	se reverse side o	r attach additional	information if necessary)	
2. Nominee's	interest, contribution o	or affiliation with	n your school and	/or state association	on. (Explain)	
	In complianc	e with the AIA	equity policy, plea	ase check all appro	opriate boxes:	
	_	Male	Female _	Person of Co	lor	