

**COLORADO ASSOCIATION OF LEGAL SUPPORT STAFF**

**NOMINATIONS FORM**

NAME OF NOMINEE: \_\_\_\_\_

OFFICE NOMINATED FOR: \_\_\_\_\_

NOMINATION SUBMITTED BY: \_\_\_\_\_  
Name of Affiliate Chapter or Member

**SEE ATTACHED LIST OF OFFICES AND DESCRIPTION OF DUTIES**

\_\_\_\_\_

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secretary of Affiliate Chapter  
submitting nomination or signature of  
member submitting nomination

***Information about Nominee***

NOMINEE, PLEASE GIVE SOME INFORMATION ABOUT YOURSELF AND SOME OF YOUR GOALS FOR THIS ASSOCIATION.