WEST VIRGINIA ASSOCIATION OF ALCOHOLISM AND DRUG ABUSE COUNSELORS, INC.

WVAADC, Inc. Board Member Nomination Application

PERSON MAKING NOMINATION INFORMATION:

NAME: _____EMAIL:_____.

ADDRESS: _____.

PHONE:_____.

NOMINEE INFORMATION:

NAME: _____EMAIL:_____.

ADDRESS: _____.

PHONE:_____.

Please provide us with biography of the individual being nominated:

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****A photo must be included with this nomination.**

Signature of Individual Submitting the Nomination