



MIDWEST AREA REGIONAL COUNCIL
EPSILON SIGMA ALPHA INTERNATIONAL

NOMINATION FORM

We, the members of the _____ State Council, submit the following name in nomination for the office of _____ of the Midwest Area Regional Council.

NAME: _____ MEMBER NO. _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

QUALIFICATIONS: (Include all levels of ESA, IC, MARC, State, Chapter service. Also include: Special Awards, Pallas Athene Degrees, Years in ESA, Life Active Memberships, Convention Attendance, Leadership Conferences, etc. You may continue qualifications on reverse side of form.)

Signed: _____ Date _____
State Council President

I accept the nomination for the office: _____ of the Midwest Area Regional Council, and if elected will fulfill the duties to the best of my ability.

Signed: _____

RETURN BY JUNE 15TH
TO: Junior Past President
Midwest Area Regional Council