NOMINATION FORM FOR BOARD OF TRUSTEES of the St. Louis Bi-State Area Intergroup:

QUALIFICATIONS:

Since details can change from time to time, please see the current Intergroup Bylaws, available on the Intergroup website stlouisoa.org under Documents and Forms. See especially:

Article XII: The board of trustees "(also known in this document as the Intergroup Board)" See **Section 3**: Qualifications and eligibility. See also **Section 2**: Term of office.

FULI	L NAME OF NOMIN	NEE:				
ADDRESS:		PHONE:				
CITY:		_STATE:	STATE: Z		ZIP :	
EMA:	IL ADDRESS:					
O.A. 1	HOME GROUP (S):		DAY :	TIME :		
LEN(GTH OF TIME IN O)A:				
3.	B. BRIEF ACCOUNT OF OA STORY:					
3.	3. HISTORY OF O.A. SERVICE (include group, Intergroup, Region and World Service experience):					
3.	3. BUSINESS, PROFESSIONAL, VOLUNTEER OR OTHER EXPERIENCE OR SKILLS YOU CAN BRING TO THIS JOB:					
4.	WHY DO YOU WA	ANT TO DO TI	HS JOB OR SI	ERVICE?:		
Date:						

Please provide 2 versions of this form. One with your complete information to be sent out with the intergroup mailing for members to review. The other should not include your last name or address and will be posted on the website.