## 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.

| FULL NAME OF N | OMINEE:                |       |        |  |
|----------------|------------------------|-------|--------|--|
| ADDRESS:       |                        | ]     | PHONE: |  |
| CITY:          | STATE:                 |       | ZIP :  |  |
| EMAIL ADDRESS: |                        |       |        |  |
| O.A. HOME GROU | <b>P</b> ( <b>S</b> ): | DAY : | TIME : |  |
| LENGTH OF TIME | E IN OA:               |       |        |  |
| 3. BRIEF ACC   | OUNT OF OA STO         | RY:   |        |  |

- **3.** HISTORY OF O.A. SERVICE (include group, Intergroup, Region and World Service experience):
- 3. BUSINESS, PROFESSIONAL, VOLUNTEER OR OTHER EXPERIENCE OR SKILLS YOU CAN BRING TO THIS JOB:

## 4. WHY DO YOU WANT TO DO THIS JOB OR SERVICE?:

Date: