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**Nomination Form**

Please complete and

email to info@michiganaudiologycoalition.org

by April 1, 2020

**Name with credentials (as you would like it to appear on the ballot):**

**Please select the position you are seeking:**

|  |  |
| --- | --- |
|  | President-Elect |
|  | Member-at-Large |

**Please provide a short a bio for members to review at the time of voting. This may include your education, work history and any special skills or interests you feel make you a strong addition to the Michigan Audiology Coalition Board. A short paragraph is sufficient.**

**Please note that by submitting this form, if you are elected, you agree to attending board meetings on a bi-monthly basis (whether in person or via phone).**