Deaf Seniors of America
Board Nomination Form

Board position(s) you are interested in:

__ President (2 years) __Vice President (2 years) _____ Secretary (2 years)

__ Board Member (4 years; 2 positions)

Nominee Information:

Name: _____

Address: _____

City: _____State: _____ Zip: _____

Videophone Number: _____

Text Number: _____

ORGANIZATIONAL EXPERIENCE: Please describe your involvement with organizations, programs, or events.

INTEREST IN SERVING: Why do you want to serve and what do you hope to achieve through this leadership position?

Are you a current DSA member in good standing for the last 2 years? _____Yes ____ No

Have you ever attended a previous DSA conference? If so, what year? _____

_____

Your Signature Date

Please return via email to **lance.fischer@deafseniors.us** or mail this form to:
Lance Fischer, 9497 Via Grande W, Wellington, FL 33411. Thank you for your interest.