



WMCA Region IX Director Nomination Form Addendum

Name: _____ CMC ___ MMC ___

Title: _____

Municipality: _____

In addition to the IIMC Region Director Nomination Form, please provide the following information:

- I am an active, voting member of WMCA ____ yes ____ no.
- I have been an active voting member of WMCA for _____ years.
- I have __ served or __ chaired an IIMC Committee.
 - Name of committee _____
 - Year(s) of service _____
- I have served as President of WMCA ____ yes ____ no.
 - Year(s) served as President _____
- I have served on the Executive Committee of WMCA ____ yes ____ no.
 - Year(s) served _____ Position _____
 - Year(s) served _____ Position _____
 - Year(s) served _____ Position _____

By signing below, I certify that I have never been removed from a WMCA office and I have not been found to have violated the WMCA or IIMC Code of Conduct.

I certify that the above information is accurate to the best of my knowledge.

Signature

Date