

2018 – 2019 POLICY STEERING COMMITTEE NOMINATION FORM

This NACo policy steering committee nomination form should be completed and sent to the executive director of your state association of counties. **Appointments are made after the NACo Annual Conference in July each year.** You may serve on only ONE policy steering committee and must be from a NACo member county. **Only eight individuals from any state (including up to two from any one county) can serve on a particular committee.** (Please indicate your first choice with #1 and second with #2.) **NACo will notify you of your appointment in September.** For appointments to other committees and caucuses, fill out the presidential appointment application form that can be found at: www.naco.org/presidential_appoint-

FILL OUT THE ONLINE FORM AT WWW.NACo.ORG UNDER “ADVOCACY > JOIN A STEERING COMMITTEE” FROM THE MENU BAR.

POLICY STEERING COMMITTEES

- | | |
|--|--|
| <input type="checkbox"/> AGRICULTURE & RURAL AFFAIRS | <input type="checkbox"/> HUMAN SERVICES & EDUCATION |
| <input type="checkbox"/> COMMUNITY, ECONOMIC & WORKFORCE DEVELOPMENT | <input type="checkbox"/> JUSTICE & PUBLIC SAFETY |
| <input type="checkbox"/> ENVIRONMENT, ENERGY & LAND USE | <input type="checkbox"/> PUBLIC LANDS |
| <input type="checkbox"/> FINANCE, PENSIONS & INTERGOVERNMENTAL AFFAIRS | <input type="checkbox"/> TELECOMMUNICATIONS & TECHNOLOGY |
| <input type="checkbox"/> HEALTH | <input type="checkbox"/> TRANSPORTATION |

Ms. FIRST NAME _____ LAST NAME _____ SUFFIX _____
 Mrs. _____
 Mr. _____

JOB TITLE _____

COUNTY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ MOBILE NUMBER _____

EMAIL _____ FACEBOOK _____ TWITTER _____

1. If an elected official, date county term expires: _____ / _____ 2. How long have you held this office? _____ YEARS
3. Political Affiliation: Non Partisan Republican Democrat Independent Other
4. Are you reasonably free to travel? YES NO 5. Have you ever served on a NACo steering committee? YES NO

TO BE COMPLETED BY STATE ASSOCIATION

The State Association President and NACo Board Members from the state concur with this nomination.

SIGNATURE _____ DATE _____