



# OFFICIAL NOMINATION FORM

**THE OHIO NATIONAL GUARD ENLISTED ASSOCIATION**  
1266 WEST THIRD AVE COLUMBUS, OH 43212 • Phone (800) 642-6642

The following nomination for office in the Ohio National Guard Enlisted Association (ONGEA) is made IAW article 10 of the ONGEA by-laws.

I, \_\_\_\_\_, hereby submit for Nomination to the office of \_\_\_\_\_ of the Ohio National Guard Enlisted Association.

## POSITION CREDENTIALS

ONGEA positions and committees worked on by nominee:

\_\_\_\_\_

Local Unit (i.e. unit representative):

\_\_\_\_\_

State National Guard:

\_\_\_\_\_

National Guard Bureau:

\_\_\_\_\_

Number of ONGEA Executive Board meetings attended: \_\_\_\_\_

Number of ONGEA State Conferences Attended: \_\_\_\_\_

Number of Enlisted Association of the United States National Conferences Attended: \_\_\_\_\_

Are you a full time employee of the Ohio Air National Guard or Army National Guard? \_\_\_\_\_

Employer:

\_\_\_\_\_

Unit of Assignment and location:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

E-Mail Address:

\_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_

Business: \_\_\_\_\_

Fax: \_\_\_\_\_

## STATEMENT

I am in a position to take the time necessary from my employment or vocation to faithfully discharge the duties of the ONGEA office I am seeking. I am financially sound and able to devote time and money necessary to discharge the duties of the office for the duration of the administrative year and understand and agree that I must bear all or part of the expense of the office I am seeking. I have the permission and sanction of my spouse to take the time and money necessary to discharge the duties of the office I am seeking.

(OVER)



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I have carefully examined the foregoing statement of facts and certify that each statement is true to the best of my knowledge. I further state, if elected, to serve the Ohio National Guard Enlisted Association on an official capacity for the coming year. I shall contribute the time, the money, and time necessary to serve to the utmost of my ability, to faithfully discharge the duties and responsibilities of the office of which I am elected.

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Signature and Date

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