



Contact Information			
Name			
University/Work			
Street Address			
City ST ZIP Code Preferred Phone			
Work Phone			
E-Mail Address			
Current Position			
Instructor/Professor	Practitioner	Other	
Student	Non-Profit		
Retired	Researcher		
Board Position			
Tell us in which areas you are in	terested in serving		
President-Elect (serves as elect through President's term)			
Treasurer-Elect (serves as elect through Treasurer's term)			
Secretary (1-year term w	vith option for re-electio	n)	
Member at Large (2-year term with option for re-election for an additional 2-year term)			
Brief Bio			
Summarize special skills and qualifications.			

Reason for Applying		
Summarize why you want to be in leadership in SGS. Please include at least one goal you would like see achieved whin office. This information will be shared on the election ballot.		
Description of the state of the	-16 to -the	
Person Nominating if not	seir-nomination	
Name		
University or Work Location		
Street Address		
City ST ZIP Code		
Preferred Phone		
Work Phone		
E-Mail Address		
Agreement and Signature		
By submitting this nomination for	orm, I affirm that I am willing and able to serve if elected.	
	firm that I have contacted the person I am nomination and received their permission	
for the nomination.		
Name (printed)		
Signature		
Date		
Our Mission		

The Southern Gerontological Society is a network of the South's most respected gerontology professionals. Southern Gerontological Society (SGS) members are educators, aging network personnel, researchers, health professionals, and policy makers. SGS provides the bridge between research and practice, translating and applying knowledge in the field of aging.

Thank you for completing this nomination form and for your interest in service to

SGS. Submit this application along with a photograph to be used on the ballot to:

Amanda James, admin@southerngerontologicalsociety.org

APPLICATION DEADLINE IS February 21, 2024.