



Contact Information		
Name		
University/Work		
Street Address		
City ST ZIP Code		
Preferred Phone		
Work Phone E-Mail Address		
E-IVIAII Address		
Current Position		
Instructor/Professor	Practitioner	Other
Student	Non-Profit	
Retired	Researcher	
Board Position		
Tell us in which areas you are in	iterested in serving	
President-Elect (serves	as elect through Preside	nt's term)
Treasurer-Elect (serves	as elect through Treasur	rer's term)
Secretary (1-year term v	with option for re-election	n)
Member at Large (2-year term with option for re-election for an additional 2-year term)		
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Brief Bio		
Summarize special skills and qu	alifications.	
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Reason for Applying		
Summarize why you want to be in leadership in SGS. Please include at least one goal you would like see achieved whil in office. This information will be shared on the election ballot.		
Person Nominating if not	self-nomination	
Name		
University or Work Location		
Street Address		
City ST ZIP Code		
Preferred Phone		
Work Phone		
E-Mail Address		
Agreement and Signature		
	orm, I affirm that I am willing and able to serve if elected.	
If nominating someone else I af	firm that I have contacted the person I am nomination and received their permission	
for the nomination.	Tim that Thave contacted the person familiation and received their permission	
Name (printed)		
Signature		
Date		
Our Mission		
professionals. Southern Gepersonnel, researchers, he	cal Society is a network of the South's most respected gerontology erontological Society (SGS) members are educators, aging network ealth professionals, and policy makers. SGS provides the bridge actice, translating and applying knowledge in the field of aging.	
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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

NOMINATION DEADLINE IS February 10, 2025.