



Alumni Association Officer Nomination Form

President

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ e-mail: _____

Georgia Vice-President

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ e-mail: _____

Florida Vice-President

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ e-mail: _____

Secretary

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ e-mail: _____

Treasurer

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ e-mail: _____