



NCA OFFICE CANDIDATE APPLICATION

NEVADA COUNSELING ASSOCIATION REPRESENTATIVE

TERM OF OFFICE JULY 1, 2016- JUNE 30, 2018

NAME: _____

ADDRESS: _____ CITY: _____ STATE: NV ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

MEMBERSHIPS: NCA# _____ ACA #: _____

Other Divisions and National Memberships: _____

- What office are you running for?** President-Elect President Elect-Elect
- Secretary (2 yr. term) Secretary- Elect (2 yr. term) Treasurer-Elect (2 yr. term)

What are your reasons for running for this office?

Describe any leadership positions that you have held and how those positions will benefit NCA and ACA. What distinguishes you from other counselors?

I have read and understand the responsibilities of the office for which I am applying. I am committed to fulfilling those obligations. **SIGNATURE:** _____ **DATE:** _____

PROFESSIONAL REFERENCES

Please attach professional peer references to support your nomination.

REFERENCE 1:

NAME: _____

ADDRESS: _____ CITY: _____ STATE: NV ZIP: _____

PHONE: _____

EMAIL: _____

COMMENT: _____

REFERENCE 2:

NAME: _____

ADDRESS: _____ CITY: _____ STATE: NV ZIP: _____

PHONE: _____

EMAIL: _____

COMMENT: _____
