

# Texas State Association of Parliamentarians

## ENDORSEMENT FORM

NAME OF MEMBER \_\_\_\_\_

STREET, CITY, ZIP \_\_\_\_\_

OFFICE FOR WHICH MEMBER IS ENDORSED \_\_\_\_\_

WHAT OTHER OFFICE WOULD YOU CONSIDER? \_\_\_\_\_

REGISTERED PARLIAMENTARIAN?  YES  NO IF "YES," HOW LONG

NUMBER OF YEARS AFFILIATED WITH NAP/TSAP \_\_\_\_\_

**(Note: For the following entries, use additional paper, if necessary.)**

**1. PREVIOUS OFFICES HELD IN NAP/TSAP** (including committee work):

**UNIT**

**STATE**

**NATIONAL**

**2. OTHER ORGANIZATIONAL EXPERIENCE** (including other parliamentary organizations):

**ORGANIZATION**

**OFFICE/COMMITTEE SERVED**

**3. EDUCATIONAL BACKGROUND** (including degrees and college conferring):

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**4. PARTICIPATION IN TSAP/NAP**

(conventions, institutes, workshops, etc., you have attended/participated and in what capacity):

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**5. INCLUDE BRIEF SUMMARY (50 WORDS OR LESS) of publicity material for the *Texas Parliamentarian***

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**SIGNED** \_\_\_\_\_ for \_\_\_\_\_ UNIT/MAL, TSAP

**SIGNATURE** \_\_\_\_\_ (indicating willingness to serve)

**PLEASE RETURN COMPLETED FORM TO:**

**Sheryl C. Womble, PRP  
TSAP Nominating Committee Chairman 2018 – 2019  
1919 Francis Drake  
Windcrest, Texas 78239  
shercar06@gmail.com**

**Endorsements must be received on or before January 16, 2019**