###### Election Information Form

**Candidates for MLA Nominating Committee**

Name

Current Position

Title

Library

Institution

Address

City, State Zip Code

Years of Employment

E-mail address

Consent to serve:

I am willing to serve on the 2020 MLA Nominating Committee, if elected, and understand that while attending the 2020 Annual Meeting is encouraged, it is no longer required. I have not served on the Nominating Committee as a voting member during the past five years, as stipulated in the Bylaws, nor am I an elected or candidate for an elected office. (Medical Library Association Bylaws, Article V, Section 2.D).

Signed Date

A form is attached for information on your **MLA official activities**. List your most recent activities first. Please print or type.

Nominating Committee

**Name:**

**MLA Official Activities**:

* **National**:

*List offices, committee memberships held within last 15 years, most recent positions first. Include the following information for each activity: office/committee name, position, term.*

* **Section**:
* **Chapter**:

**Education:** degree, university, date of degree

**Academy of Health Information Professionals**: Yes\_\_\_\_ No\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_

**Professional Work Experience (Last Fifteen Years):**

*N.B. Please list ONLY MLA activities – no state or other association activities please.*