

**ASAPERD Nomination Form  
Officers to be Elected November 2020**

**QUALIFICATIONS:**

1. Be an active member of ASAPERD (5 years for President-elect; 1 year all other offices)
2. Reside or work in the state of Alabama
3. Have demonstrated leadership in HPERD or coaching
4. Have served on the Board of Directors for at least 1 year (President-elect only).

**CHECK THE APPROPRIATE OFFICE**

- |   |  |
|---|--|
| <input type="checkbox"/> President-Elect                            | <input type="checkbox"/> Chair-elect Athletics Section                           |
| <input type="checkbox"/> VP Elect Sport & Exercise Science Division | <input type="checkbox"/> Chair-elect Research Section                            |
| <input type="checkbox"/> VP Elect Health Division                   | <input type="checkbox"/> Chair-elect Adapted Physical Education Council          |
| <input type="checkbox"/> VP Elect Physical Education Division       | <input type="checkbox"/> Chair-elect Elementary Physical Education Council       |
|   | <input type="checkbox"/> Chair-elect Middle/Secondary Physical Education Council |
|   | <input type="checkbox"/> Chair-elect Physical Activity Council                   |
|   | <input type="checkbox"/> Chair-elect Higher Education Council                    |

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District Representative: (Must be employed in district of representation)

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> District 1 | Baldwin, Clark, Conecuh, Escambia, Mobile, Monroe, Washington                                |
| <input type="checkbox"/> District 3 | Calhoun, Chilton, Clay, Cleburne, Coosa, Randolph, Shelby, St. Clair, Tallapoosa, Talladega  |
| <input type="checkbox"/> District 5 | Autauga, Bullock, Chambers, Dallas, Elmore, Lee, Lowndes, Macon, Montgomery, Russell, Wilcox |
| <input type="checkbox"/> District 7 | Colbert, Fayette, Franklin, Lamar, Lauderdale, Lawrence, Marion, Winston                     |

**I nominate** \_\_\_\_\_ (name) \_\_\_\_\_ (county)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

e-mail \_\_\_\_\_ Fax \_\_\_\_\_

**Nominated by** \_\_\_\_\_ (Name of person submitting nomination)

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

e-mail \_\_\_\_\_ Fax \_\_\_\_\_

**DEADLINE FOR NOMINATIONS - July 1**

Reproduce this form for additional nominations.

**Send to:** Ginger Aaron-Brush [gaaron-brush@pelhamcityschools.org](mailto:gaaron-brush@pelhamcityschools.org)