

# Nomination

**MD-DC-SHRM Position Desired:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Present Employment:

MD-DC-SHRM Member:  YES  NO If Yes, how long? \_\_\_\_\_

MD-DC-SHRM Previous Participation:

ASHRM Member:  YES  NO