

Signature

## **NACo Steering Committee Nomination Form**

This steering committee nomination form should be completed and sent to the executive director of your state association of counties. Appointments are made after the NACo Annual Conference. You may serve on only ONE steering committee and must be from a NACo member county. Only eight individuals from any state (including up to two from any one county) can serve on a particular committee. Please indicate your first choice with #1 and second with #2. NACo will notify you of your appointment in September.

NACo Steering	Committees
Agriculture & Rural Affairs	Human Services & Education
Community, Economic & Workforce Development	t Justice & Public Safety
Environment, Energy & Land Use	Public Lands
Finance & Intergovernmental Affairs	Telecommunications & Technology
Health	Transportation
Name:	
first name las	st name suffix
Job Title:	
•	
County:	
Address:	
City:	State: Zip:
Phone: Fax:	
Email:	
**	
If you are an elected official, please enter date your o	county term expires:/ (mm/yyyy
How long have you held this office? (yo	ears)
Political Affiliation:DemocratRepublican	Non Partisan Independent Other
Are you reasonably free to travel?YesN	lo
Have you ever served on a NACo steering committee	?YesNo
You will not be appointed to serve on a steering com	umittee until you complete and return this form to
your state association of counties.	mittee until you complete and return this form to
-	Y STATE ASSOCIATION
The State Association President and NACo Board Me	mbers from the state concur with this nomination
Signature	Date