



Information Form for WAHCE, INC., and District Officers



All nominees for the state and district offices shall be selected from those who have served or are serving in a WAHCE, Inc., leadership position at the county, district or state level. Please complete the following form and return to Carol Medchill, Nominating Committee Chair, P.O. Box 772, Cushing, WI 54006, or email medchill@lakeland.ws. If you would like this document in an electronic format, please go to www.wahceinc.org and look under Forms.

Nominee for: _____

Name: _____ County: _____

Mailing Address: _____

City, State, Zip: _____ Phone #: _____

E-mail Address: _____

Years in WAHCE: _____ Member in Good Standing: Yes No

Do you fully understand the objectives, goals, history and purpose of WAHCE? Yes No

Do you fully understand the responsibilities and duties of the office as explained in the WACHE, Inc., By-Laws and the WAHCE, Inc., Manual? Yes No

Please list the offices and or committees in which you have participated in for WAHCE? Give approximate dates.

List responsibilities in other organizations. Give approximate dates.

What other experience have you had that would be beneficial to this office?

Briefly list other community involvement.

In addition, please attach the following:

- Brief biographical sketch
- Two written endorsements – one from a county officer and one from a district officer

If placed on the ballot, please be present at the annual business meeting.

A list of qualified candidates and their resumes will be printed in the August issue of Update.

Thank you for considering being an officer of WAHCE, Inc. People like you keep our organization going.