

APPLICATION FOR REGION 5 OFFICER

(THIS HARD COPY TO BE SNAIL-MAILED & ON FILE WITH REGION 5)

(Additional MS Word copy of this document to be obtained from Region 5 secretary, filled out and emailed to susan.m.oe@gmail.org for inclusion in the preassembly packet emailed in September.)

APPLICATIONS MUST BE RECEIVED BY September 1, 2015.

PLEASE MAIL COMPLETED APPLICATION TO:

Region 5 Secretary
17595 W Dartmoor Drive
Grayslake, IL 60030-3016

FULL NAME: _____
ADDRESS: _____ **PHONE:** _____
CITY: _____ **STATE/PROVINCE:** _____ **ZIP** _____

QUALIFICATION REQUIREMENTS:

1. No region representative or former region representative shall be considered for an office until he or she has:
 - a. Served actively for one year at Region 5 as a region rep prior to submitting an application.
 - b. Attended at least three (3) Region 5 assemblies not necessarily consecutively, prior to submitting an application.
2. Those officers elected shall have two years of abstinence, one year of which shall be maintenance.
 - a. Each person shall be the judge of his or her own recovery including abstinence and maintenance.

DATE ABSTINENCE BEGAN: _____ **DATE MAINTENANCE BEGAN:** _____
NUMBER OF YEARS IN OA: _____ **NAME OF HOME I.G.:** _____
I AM CURRENTLY A REGION 5 REP _____ **I AM A PAST REGION 5 REP** _____
OFFICE APPLIED FOR: **CHAIR** _____ **TREASURER** _____
 VICE CHAIR _____ **SECRETARY** _____

1. BRIEF ACCOUNT OF O.A. STORY:*

2. SUMMARY OF O.A. SERVICE:*

3. WHY I WOULD LIKE TO BE AN OFFICER FOR REGION 5:*

4. BUSINESS, PROFESSIONAL SKILLS OR OTHER EXPERIENCE AND SKILLS I WOULD BRING TO THE REGION 5 BOARD:*

DATE: _____

SIGNATURE: _____

***Additional paper may be used.**