

LWDB: _____

**MEMBERSHIP NOMINATION FORM
LOCAL WORKFORCE DEVELOPMENT BOARD – ATTACHMENT A**

NOMINATED BY: Name: _____
OR Agency: _____
RECOMMENDED Position: _____
Address: _____
Phone: _____

*Nominee to Represent Following: _____ Term: _____
(Business, Education, Organized Labor, CBO, Economic Development, One-Stop Partner) (Beginning & Ending Dates)
Workforce Sector (if representing Business) _____

| | |
|---|--|
| Representing: (Check all that apply) | |
| <input type="checkbox"/> Labor/Representative of Labor | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Employee Representative (Labor) | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Higher Education |
| <input type="checkbox"/> Youth Serving Organization | <input type="checkbox"/> Local Education Agencies |
| <input type="checkbox"/> Joint Labor-Management Apprenticeship Program | <input type="checkbox"/> Other (Specify below) |
| <input type="checkbox"/> Community Based Organization | _____ |
| Category member represents: | |
| <input type="checkbox"/> Business | |
| <input type="checkbox"/> Workforce | |
| <input type="checkbox"/> Education and Training | |
| <input type="checkbox"/> Government and Economic Development | |
| <input type="checkbox"/> Other _____ | |
| <u>*Entity represented is primary employer of nominee.</u> | |
| <u>Nominee is an individual with optimum policy and decision making authority for the organization.</u> | |

Name of Nominee: Mr. or Ms. _____ Title: _____
(Please circle one)

Business Address: _____
(Street)

(City) (State) (Zip Code) (County)

Employer: _____ Business Phone: _____

Home Phone: _____ E-mail Address: _____

Explain Basic Responsibilities: _____

Organization Affiliations (Civic & Professional): _____

Qualifying Experience (Background information which reflects experience in human resource activities or Workforce Development related programs): _____

New Nomination *or* Replacement: _____
(Name of Former Member) (Group Represented)

| | | |
|---|----------|--------|
| For use by Chief Local Elected Official | | |
| Appointed By: _____ | _____ | _____ |
| (CLEO Signature) | (County) | (Date) |
| _____, Judge/Executive (CLEO Typed or Printed Name) | | |