



## 2016-2017 GSNHAD Application for State Office Positions

### State Officers:..... Committees Chaired by State Officers

President  
Vice President ..... Annual Meeting Chairperson  
Secretary ..... Membership Chairperson  
Treasurer ..... Budget & Finance

Other Committees (selected by the State President) Nominating, Public Relations, Constitution and Bylaws

Select ONE Office for the applicant:

- President  
 Vice President  
 Secretary  
 Treasurer

**Return form by September 30, 2016 to the below:**

Sylvia Barnes  
Georgia Health Care Association  
160 Country Club Drive  
Stockbridge, GA 30281  
678-289-6555 FAX 678-289-6400  
email: sbarnes@ghca.info  
(If you apply for a position, please call and confirm receipt of this form.)

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

Facility: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Training and experience: \_\_\_\_\_

Amount of time as an Activity Director: \_\_\_\_\_

Offices held on a Council Level: \_\_\_\_\_

Will the applicant's employer support the nomination and the duties involved with holding this position?

yes  no Signature of employer: \_\_\_\_\_

Additional information on why candidate should be considered for the GSNHAD State Office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_