



ARKANSAS
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Notification of Intent Form Candidates for ASNA Board of Directors

Please check the appropriate statements:

Yes, I am pleased to be considered for the office of _____

Second Choice: _____

No thank you, I decline to have my name considered for office at this time.

Nomination Criteria Checklist for Board of Directors:

I have the consent and support of my employer to be considered for this office.

I have not served in this ASNA Board of Director's position previously.

My Biographical Information Form

My two letters of recommendation

o Letters must be from ASNA Current President or a current or former ASNA Board member, ASNA Past President

o Letters must address candidate's leadership experience and skills and contributions candidate can make to state representation of school nutrition professionals

My goals for the office(s) are on the Biographical Information Form.

A professional quality portrait photo; a digital photo sent by email is preferred

Name _____

Signature _____

Date _____

Please Return to:

Tammie Works
ASNA President Elect
PO BOX 706
Fordyce, AR 71742
870-352-7187, fax
870-313-2625, cell

Deadline: February 8th, 2021