

**Kansas TSA Inc. Board of Directors Nominee Form
Board Representative Positions**

**BY SIGNING THIS FORM, THE NOMINEE ACCEPTS THE TERM IN OFFICE AND
THE DUTIES OF ADVISORY COUNCIL ELECTED POSITIONS.**

Signature _____ Date _____

Name _____ Chapter _____

Place of employment _____ City _____

Work e-mail _____ Work # _____

Alternate email _____ Cell _____

Please state briefly:

Why you chose to be involved with TSA

Non TSA commitments or obligations that might be pertinent

TSA Specific Recognition and/or Contributions Professional Recognition