



NOMINATION FORM

Membership Oversight Committee
Region Representatives 2014-2015

PATH Intl. Membership Oversight Committee Region Representatives elections (for regions 1, 3, 5, 7, 9 and 11) will be taking place soon. The region representative will serve a two-year term, from **January 2014 - December 2015**. Region representatives are nominated and elected by their regional membership. Based on the nominations received, a ballot will be made available this summer to all PATH Intl. members.

General Mission of PATH Intl. Membership Oversight Committee

To serve as ambassadors for the association and PATH Intl. membership including recruiting, retaining and recognizing members; collaborate with groups within and outside of PATH Intl. that can positively impact the success of PATH Intl. members; lead PATH Intl. recognition of center and individual members and participants; help coordinate states, region and PATH Intl. communities into effective networking systems.

An individual nominated to become a region representative must meet the following qualifications:

- The individual must positively represent PATH Intl. in support of PATH Intl. programs, activities and growth.
- The individual must have been a PATH Intl. individual member for at least two years.
- The individual must be a resident within the region.

Nominate only candidates from your individual region.

Please include a brief biography noting relevance to the equine assisted activities and therapies industry for each of your candidates.

Your region number: _____ (Region 1, 3, 5, 7, 9 or 11)

Your name: _____

Current address: _____

City, State, Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Nominee's Name: _____ State: _____ Daytime Phone: _____
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Contact your current PATH Intl. region representative for more information.

Nominations must be received by your region representative no later than July 15, 2013.

Email questions to: rdavis@pathintl.org



**2014-2015 Membership Oversight Committee Region Representative
Nominee Biography**

Name of Nominee: _____

Region #: _____ Daytime Phone: _____

Number of years involved in equine-assisted activities and therapies: _____

Number of years as a PATH Intl. individual member: _____

PATH Intl. credentials (site visitor, instructor/level, equine specialist in mental health and learning, evaluator, mentor, workshop faculty, etc.):

Previous PATH Intl. volunteer positions (national committee member, site visitor, conference planning committee, state chair, community chair, etc.). Please indicate dates position(s) was held.

Other significant equestrian or charitable volunteer work or qualifications:

Other organizational affiliations (equestrian or charitable):

Has this person agreed to accept the position of region representative should they be elected?

Yes No