

Application for Election to the OA Region One Board

See [Bylaws](#) Articles V, VI and VII and [Policies](#) Section 3 and 4 for job descriptions. Qualifications are listed in [Bylaws](#) Article V, Section 3.

Email completed application to nominations@oaregion1.org for consideration.

Please check the position for which you would like to be considered:

_____ **Chair:** _____ **First Vice Chair:** _____ **Second Vice Chair:**
_____ **Secretary:** _____ **Treasurer:** _____ **Technology Coordinator:**
_____ **First Member at Large:** _____ **Second Member at Large:**

Name:	Intergroup:
Address:	
Phone:	Email:
Date joined OA:	Date continuous abstinence began:
SUMMARY OF OA SERVICE:	
WHAT BUSINESS, PROFESSIONAL OR OTHER EXPERIENCE AND SKILLS DO YOU BRING TO THE BOARD?	

WHY DO YOU WANT TO SERVE IN THIS BOARD POSITION?

BRIEF ACCOUNT OF YOUR OA STORY:

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I commit to physical, emotional and spiritual recovery, one day at a time, while serving on the Region One Board. I pledge to provide support and encouragement to the recovery of my fellow board members. As a Region One Board nominee, my signature confirms that I meet the qualifications found in [Bylaws](#), Article V, Section 3.

Signature:

Date: