

# Officer Nomination Form



Ohio Archers Association  
www.ohioarchers.com  
www.facebook.com/ohioarchers

Candidate Name:

Position of Interest:

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Tell us a little about yourself:

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Candidate Contact Information:

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First Name

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Last Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

Ohio  
State

\_\_\_\_\_

Zip

\_\_\_\_\_

Phone

\_\_\_\_\_

Email

\_\_\_\_\_

OAA District of Residency

Return Nomination form to:

Dan Yoak  
1865 Hartville Rd  
Mogadore, OH 44260

or by e-mail: [yoakd8@gmail.com](mailto:yoakd8@gmail.com)