



BPA NOMINATIONS FOR EXECUTIVE BOARD OFFICERS

PLEASE TYPE OR PRINT CLEARLY

NOMINATIONS MUST BE IN ON OR BEFORE **26 DECEMBER 2009**

Your Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Current Member Membership Dues Enclosed *(check level below)*

- General Member **\$150**
- Associate Member **\$100** *(Allied Health Professional/Provider)*
- Resident Physician **\$50**
- Student **\$0**

Why would this person be good in this office?

Treasurer _____	_____
Member in Training _____	_____
Trustee Region 1 _____	_____
Trustee Region 4 _____	_____

The **TREASURER** shall have charge of all funds and collect all dues. He or she shall pay all expenses of the organization by and with the consent and approval of the membership. He or she shall make an annual report to the Executive Committee and to the membership at the Annual Meetings of the official transactions of income and expenditures of the organization. The Treasurer, any assistant authorized by the Treasurer to receive and deposit or disburse monies of the Association, will be bonded in an amount to be determined by the Executive Committee.

Five Trustees will be elected as specified in Article VIII by the General Membership to the Executive Committee. Each Trustee will be a voting member of the Executive Committee. **TRUSTEES (5)** that are elected must be General Members. They will serve for two years. Trustees during their last year in office will be known as Senior Trustees. A person concluding his or her term as Senior Trustee will not be eligible for immediate re-election. One Trustee so elected must be a
MEMBER-IN-TRAINING (Trustee at Large):. This Trustee will serve two years and will not be eligible for immediate re-election.

PLEASE SEND YOUR NOMINATIONS TO

Mail: BPA – Nominations
 2020 Pennsylvania Ave, NW, #725
 Washington, DC 20006-1811

or

Phone & Fax: 877-BPA-1967

or

Email: bpa4info@aol.com

Online: www.blackpsych.org