**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 f](mailto:nominations@oaregion1.org)or consideration.

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

**First Vice Chair: Second Vice Chair: 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:

|  |  |
| --- | --- |
|  | |
| 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: |