NACo Steering Committee Nomination Form

This steering committee nomination form should be completed and sent to the executive director of your state association of counties. Appointments are made after the NACo Annual Conference. You may serve on only ONE steering committee and must be from a NACo member county. Only eight individuals from any state (including up to two from any one county) can serve on a particular committee. Please indicate your first choice with #1 and second with #2. NACo will notify you of your appointment in September.

NACo Steering Committees	
_____ Agriculture & Rural Affairs	_____ Human Services & Education
_____ Community, Economic & Workforce Development	_____ Justice & Public Safety
_____ Environment, Energy & Land Use	_____ Public Lands
_____ Finance & Intergovernmental Affairs	_____ Telecommunications & Technology
_____ Health	_____ Transportation

Name: _____ _____ _____
first name last name suffix

Job Title: _____

County: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** ___(dont need fax #)___

Email: _____

If you are an elected official, please enter date your county term expires: _____ /_____ (mm/yyyy)

How long have you held this office? _____ (years)

Political Affiliation: ___Democrat ___Republican ___Non Partisan ___Independent ___Other

Are you reasonably free to travel? ____Yes ____No

Have you ever served on a NACo steering committee? ____Yes ____No

You will not be appointed to serve on a steering committee until you complete and return this form to your state association of counties.

TO BE COMPLETED BY STATE ASSOCIATION

The State Association President and NACo Board Members from the state concur with this nomination

_____ _____
Signature *Date*

ACCG Policy Steering Committee Addendum Form

NACo members can only serve on one Policy Steering Committee per year. No more than two individuals from the same county and eight individuals from the same state can serve on the same Policy Steering Committee.

The ACCG Board of Managers approved the following criteria in considering nominations to NACo Policy Steering Committees.

1st Priority = Elected officials given priority over county staff

2nd Priority = Committee incumbency (reappoint active committee members)

3rd Priority = Date and time of application submission

In addition to the required NACo form, Georgia county officials and staff are asked to submit the following information to ACCG.

Name: _____

County: _____

Position: _____

NACo Leadership Positions held: _____

_____

_____

Years served on a NACo committee: _____

Number of NACo Conferences attended in the previous two years: _____

Number of NACo Policy Steering Committee meetings attended (in person or virtually) in the previous two years: _____

Submit Completed Forms to ACCG / Kathleen Bowen: kbowen@accg.org