

_____ Elections
**KEYSTONE STATE READING ASSOCIATION
NOMINATION FORM**

Nominators

**Nominating Council
or
KSRA Officer**

Nominees

**Nominee for _____
IRA# _____**

Name: _____
Address: _____

Phone: _____

**Nominee for _____
IRA# _____**

Name: _____
Address: _____

Phone: _____

**Nominee for Regional Director
IRA# _____**

Name: _____
Address: _____

Phone: _____

****Attach a vita for each nominee**

****Return all nomination materials by September 30, _____.**

****Send materials to:** _____

