



**STUDENT GOVERNMENT ASSOCIATION
CANDIDATE FOR OFFICE OFFICIAL FORM**

OFFICE POSITION SOUGHT: _____

NAME: _____
 FIRST MIDDLE LAST

ADDRESS: _____
 CITY STATE ZIP CODE

TELEPHONE: _____ BEST TIME TO CALL _____

GID #: _____

YOUR QUALIFICATIONS FOR THIS OFFICE: PLEASE WRITE CLEARLY OR ATTACH A TYPED STATEMENT TO THIS FORM.

CANDIDATE SIGNATURE

DATE