LWDB: _____

MEMBERSHIP NOMINATION FORM
LOCAL WORKFORCE DEVELOPMENT BOARD – 19-007 ATTACHMENT III

NEW NOMINATION ☐
or
TERM RENEWAL ☐
or
REPLACEMENT ☐

By: Name: _____
Agency: _____
Position: _____
Address: _____
Phone: _____

☐ Initial Term: _____ ☐ 2nd Term: _____ ☐ 3rd Term: _____
(Beginning & Ending Dates Required for All Terms When Applicable)

* If a **New Nominee** to represent (check one): ☐ Business ☐ Education ☐ Organized Labor
☐ CBO ☐ Economic Development ☐ One-Stop Partner

Workforce Sector (if representing Business): _____
*If a **Replacement** – Name of Former Member: _____
- Group Represented: _____

*If a **Term Renewal** - CLEO signature is required with all term renewals as well as new nominees & replacements.

Representing: (Check all that apply)
☐ Labor/Representative of Labor ☐ Employee Representative (Labor) ☐ Adult Education ☐ Vocational Rehabilitation
☐ Community Based Organization ☐ Youth Serving Organization ☐ Higher Education ☐ Local Education Agencies
☐ Joint Labor-Management Apprenticeship Program ☐ Other (Specify:) _____

Category member represents:
☐ Business ☐ Workforce ☐ Education and Training
☐ Government and Economic Development ☐ Other (Specify): _____

**Entity represented is primary employer of nominee.*
Nominee is an individual with optimum policy and decision making authority for the organization.

Name of Nominee: ☐ Mr. or ☐ Ms. _____ Title: _____
Business Address: Street: _____
City: _____ State: _____ Zip: _____ County: _____
Employer: _____ Business Phone: _____
Home Phone: _____ Email Address: _____
Explain Basic Responsibilities: _____

Organization Affiliations (Civic & Professional): _____

Qualifying Experience: _____
Background information that reflects experience in human resource activities or Workforce Development related programs

***For use by Chief Local Elected Official**-This box must be completed entirely to meet WIOA requirements.*
Appointed By:
Cleo Signature: _____ Date: _____
, ☐ Judge Executive or ☐ Mayor
Printed Name: _____ County: _____
Cleo Signature: _____ Date: _____
Printed Name: _____ , ☐ Judge Executive or ☐ Mayor County: _____