

LWDB: _____

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

NEW NOMINATION	<input type="checkbox"/>
or	
TERM RENEWAL	<input type="checkbox"/>
or	
REPLACEMENT	<input type="checkbox"/>

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

<input type="checkbox"/> Initial Term: _____	<input type="checkbox"/> 2 nd Term: _____	<input type="checkbox"/> 3 rd Term: _____
<small>(Beginning & Ending Dates Required for All Terms When Applicable)</small>		

* If a New Nominee to represent (check one):	<input type="checkbox"/> Business	<input type="checkbox"/> Education	<input type="checkbox"/> Organized Labor
	<input type="checkbox"/> CBO	<input type="checkbox"/> Economic Development	<input type="checkbox"/> 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)			
<input type="checkbox"/> Labor/Representative of Labor	<input type="checkbox"/> Employee Representative (Labor)	<input type="checkbox"/> Adult Education	<input type="checkbox"/> Vocational Rehabilitation
<input type="checkbox"/> Community Based Organization	<input type="checkbox"/> Youth Serving Organization	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Local Education Agencies
<input type="checkbox"/> Joint Labor-Management Apprenticeship Program		<input type="checkbox"/> Other (Specify): _____	
Category member represents:			
<input type="checkbox"/> Business	<input type="checkbox"/> Workforce	<input type="checkbox"/> Education and Training	
<input type="checkbox"/> Government and Economic Development		<input type="checkbox"/> Other (Specify): _____	
<small>*Entity represented is primary employer of nominee. Nominee is an individual with optimum policy and decision making authority for the organization.</small>			

Name of Nominee: <input type="checkbox"/> Mr. or <input type="checkbox"/> 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: _____ <i>Background information that reflects experience in human resource activities or Workforce Development related programs</i>	

<small>For use by Chief Local Elected Official-This box must be completed entirely to meet WIOA requirements.</small>			
Appointed By:			
Cleo Signature: _____		Date: _____	
	, <input type="checkbox"/> Judge Executive or <input type="checkbox"/> Mayor		
Printed Name: _____	County: _____		
Cleo Signature: _____		Date: _____	
	, <input type="checkbox"/> Judge Executive or <input type="checkbox"/> Mayor		
Printed Name: _____	County: _____		

