



# AJLA Steering Committee Member Nomination Form

**State:**

**Agency/Division:**

**Nominee's Name:**

**Title:**

**Mailing Address:**

**Telephone Number:**

**Fax Number:**

**Email Address:**

**Membership Type:**

Associate Member (Associate Members are nominees from states that do not use AJL)

Full Member

**Sub-Committee Membership:**

America's JobLink

Reporting

CertLink

In making this nomination, I am aware that Steering Committee members (if a Full Member) will participate in AJLA Steering Committee Meetings of approximately three days duration, twice annually, as well as the Annual Conference. Cost of such travel are the responsibility of the nominating agency.

**Printed Name:**

**Signature of Appointing Authority:**

**Title:**

**Date:**

**Please return nomination forms to:**

Joy Bancroft, AJLA-TS Customer Relations Manager

1430 SW Topeka Blvd, Topeka, KS 66612-1354

**Fax:** 785-296-2119 | **Email:** [joy.bancroft@ks.gov](mailto:joy.bancroft@ks.gov) | **Phone:** 785-368-6431