

TMS Technical Division Councils Vice Chair Nomination Form

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Please complete this form and attach all supporting documents with your nomination.

NOMINATION INFORMATION	
Date:	5. NOMINEE EXPERIENCE
Technical Division Council: □ EPD □ FMD □ LMD □ MPMD □ SMD	Please summarize the reasons for submitting this individual for this position, their qualifications, and TMS relevant experience (both past and present).
1. NOMINEE INFORMATION	
Last Name	
First Name M.I	
Job Title/Position:	
Company/Organization:	
Address:	
City/State/Postal Code:	
Country:	
Telephone:	
E-Mail:	
2. NOMINATOR INFORMATION	
Nominator Name:	
Nominator's E-mail:	
Nominator's Telephone:	
3. RECOMMENDATION LETTER	

Attach a one-page recommendation letter from a current TMS member.

4. NOMINEE BIOGRAPHY/CURRICULUM VITAE

Attach a one-page biography/curriculum vitae of nominee. (Photograph requested but optional)

E-mail this form and supporting documents together by December 15, 2021 to:

Joni Gregg, Technical Divisions & Executive Administrator jgregg@tms.org