

Certificate of Election for the
American Scientific Glassblowers Society

for the _____ Section

Today's Date _____

The current Director of each section is responsible to see that the following positions (appropriate to your section) are filled out and handed (or mailed) to the Secretary of the ASGS. It is the current Director's responsibility to insure that each officer has read the boxed material below before they sign their names.

This is to certify that the following people have been duly elected and installed to their respective office of this Section of the American Scientific Glassblowers Society.

Every officer should understand that they are responsible for carrying out the prescribed duties of their office for the Society. They agree to serve in their elected capacity until the Secretary of the Society has been notified of their legal replacement.

For the office of Chair, Name (print): _____

Signature: _____

Work Address	Home Address
Co. Name:	Address:
Dept.:	City, State, Zip:
Address:	Phone:
City, State, Zip:	E-mail Address
Business Phone:	Business Fax:

This (1), (2) year office (please circle) begins on (date): _____ and ends on (date): _____

For the office of Vice Chair, Name (print): _____

Signature: _____

Work Address	Home Address
Co. Name:	Address:
Dept.:	City, State, Zip:
Address.:	Phone:
City, State, Zip:	E-mail Address
Business Phone:	Business Fax:

This (1), (2) year office (please circle) begins on (date): _____ and ends on (date): _____

For the office of Director, Name (print): _____

Signature: _____

Work Address	Home Address
Co. Name:	Address:
Dept.:	City, State, Zip:
Address:	Phone:
City, State, Zip:	E-mail Address
Business Phone:	Business Fax:

This (1), (2) year office (please circle) begins on (date): _____ and ends on (date): _____

For the office of Alternate Director, Name (print): _____

Signature: _____

Work Address	Home Address
Co. Name:	Address:
Dept.:	City, State, Zip:
Address:	Phone:
City, State, Zip:	E-mail Address
Business Phone:	Business Fax:

This (1), (2) year office (please circle) begins on (date): _____ and ends on (date): _____

For the office of Secretary, Name (print): _____

Signature: _____

Work Address	Home Address
Co. Name:	Address:
Dept.:	City, State, Zip:
Address:	Phone:
City, State, Zip:	E-mail Address
Business Phone:	Business Fax:

This (1), (2) year office (please circle) begins on (date): _____ and ends on (date): _____

For the office of Treasurer, Name (print): _____

Signature: _____

Work Address	Home Address
Co. Name:	Address:
Dept.:	City, State, Zip:
Address:	Phone:
City, State, Zip:	E-mail Address
Business Phone:	Business Fax:

This (1), (2) year office (please circle) begins on (date): _____ and ends on (date): _____

For the office of Secretary/Treasurer, Name (print): _____

Signature: _____

Work Address	Home Address
Co. Name:	Address:
Dept.:	City, State, Zip:
Address:	Phone:
City, State, Zip:	E-mail Address
Business Phone:	Business Fax:

This (1), (2) year office (please circle) begins on (date): _____ and ends on (date): _____

For the office of _____, Name (print): _____

Signature: _____

Work Address	Home Address
Co. Name:	Address:
Dept.:	City, State, Zip:
Address:	Phone:
City, State, Zip:	E-mail Address
Business Phone:	Business Fax:

This (1), (2) year office (please circle) begins on (date): _____ and ends on (date): _____

For the office of _____, Name (print): _____

Signature: _____

Work Address	Home Address
Co. Name:	Address:
Dept.:	City, State, Zip:
Address:	Phone:
City, State, Zip:	E-mail Address
Business Phone:	Business Fax:

This (1), (2) year office (please circle) begins on (date): _____ and ends on (date): _____