**ASPPA Leadership Council Nomination Form**

**Nominator #1 Information:**

Name:

Company:

Business Address:

City:       State:       ZIP:

Email Address:

**Nominator #2 Information:**

Name:

Company:

Business Address:

City:       State:       ZIP:

Email Address:

**Nominee’s Information:**

Name:

Company:

Business Address:

City:       State:       ZIP:

Email Address:

Please state why you feel this individual qualifies for consideration for a seat on ASPPA’s Leadership Council:

Other Comments:

**Please submit this form to** **tcornett@usaretirement.org****.**