

APPLICATION FOR OFFICER'S POSITION IN QVCC STUDENT GOVERNMENT ASSOCIATION

Please print clearly:

NAME: _____ SIGNATURE _____

STREET ADDRESS _____

TOWN & ZIPCODE: _____ PHONE: _____

EMAIL ADDRESS: _____

SGA POSITION YOU ARE SEEKING: _____

Twenty-five current QVCC student signatures are required for nomination:

SIGNATURE

PRINTED NAME

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