



NOMINATION FOR REGIONAL DIRECTOR TO SERVE ON THE IATC BOARD

(Please Print)

NAME OF CANDIDATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

TORCH CLUB: _____ REGION: _____

NO. OF YEARS IN TORCH (Five Year Minimum Requirement): _____

SUMMARY OF TORCH ACTIVITIES AND LEADERSHIP POSITIONS:

THE ABOVE NOMINEE IS RECOMMENDED FOR ELECTION TO THE IATC BOARD OF DIRECTORS BY THE MEMBERSHIP OF THE _____ TORCH CLUB AT ITS MEETING HELD ON (date) _____.

DATE

SIGNATURE OF CLUB OFFICER

Please return to the address listed below.

IATC
638 Independence Pkwy Ste 100
Chesapeake, VA 23320

757-609-3671
info@torch.org
www.torch.org