



New York State Organization of Mothers of Twins Clubs

RESUME FORM

- ☐ 2 Year Term for 20____ - 20____
☐ Calendar Year Only 20____ (May 1st-April 30th)

CHECK ONE:

- ☐ I am currently serving on the Executive Board or have done so for the immediate past two consecutive (2) years.
☐ I have not served on the Executive Board or have been inactive for more than two years.

PLEASE PRINT CLEARLY

DATE: _____

LAST NAME: _____ **FIRST NAME:** _____

ADDRESS: _____

TELEPHONE# (____) _____ **E-MAIL ADDRESS:** _____

STATE MEMBER CLUB: _____

CURRENT LOCAL CLUB POSITION: _____

CURRENT NYSOMOTC POSITION(S): _____

WOULD YOU LIKE TO CONTINUE IN THIS POSITION(S) FOR ANOTHER TERM? ☐ YES ☐ NO

INDICATE THE POSITION(S) FOR WHICH YOU WISH TO BE CONSIDERED (in Numerical Order):

- | | | |
|--------------------------------------|---|---------------------------------|
| _____ President** | _____ MSS Fundraiser | _____ Research |
| _____ Vice President | _____ MSS Committee Member
(5 Judging Members & 1 Alternate) | _____ State Meeting Chairperson |
| _____ Recording Secretary | _____ Membership Pins | _____ State Meeting Liaison |
| _____ Treasurer | _____ Midterm Meeting | _____ State/National Liaison |
| _____ Advisor | _____ Newsletter Contest | _____ Twin Data Registry |
| _____ Parliamentarian | _____ Newsletter Editor | _____ Twin Photo Registry |
| _____ Archivist | _____ Nominating Chairperson* | _____ Unity Project |
| _____ Certificates | _____ Nominating Committee (4) | _____ Ways & Means Chairperson |
| _____ Club Scrapbook Page Contest | _____ Photographer | _____ Ways & Means Committee |
| _____ Librarian | _____ Procedure Manual | _____ Webmaster |
| _____ MS Scholarship Chairperson | _____ Reflections | _____ Website Committee |
| _____ MSS Treasurer/Vice Chairperson | | |

**Must have served as an Officer or Chairperson in the past 5 years

*Must have been on the Executive Board for the last 2 years including current year

Briefly state your reasons for wishing to serve on the NYSOMOTC's Executive Board. Include relevant experience in any organization (including Local & National Levels) or paid employment. _____

I verify that the information entered on this form is correct and that I am a paid member in good standing of my local club listed above for the current year, _____.

Local club Officer's Signature: _____

Title: _____

Date: _____

A NYSOMOTC Officer or the Nominating Chairperson may sign if you have held a position on the NYSOMOTC Executive Board for two (2) years prior to the year you are being considered for. Otherwise, the signature of an Officer from your local club is required.

Signature of NYSOMOTC Officer or Nominating Chairperson: _____

Title: _____

Date: _____

Please return this Resume form to the current NYSOMOTC Nominating Chairperson