**NACAA**

**NACAA Journal Chair Appointment Application –**

**2025 to 2028**

 (Please apply electronically by filling out this form, save and send via e-mail to the NACAA Secretary)

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_NACAA REGION\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List Prior State and National Committee Assignments and/or Officer Roles:**

Committee or Years Nature of District, State

Office Served Service or National Assignment?

List significant Extension program accomplishments, and summarize your daily responsibilities. Use additional pages if needed.

Explain what qualifications you have in publishing or editing that prepared you for this National Chair position.

**Please note! It is necessary to also complete the second page of this form.**

**NACAA JOURNAL CHAIR**

How many AMPICS have you attended?

Please consider my application for the NACAA Journal Chair – a three-year term.

I agree to serve in the above position if selected. I understand that for the year between the 2024 and the 2025 AMPICs I will be training with the current NACAA Journal Chair and that I take over the role at the 2025 AMPIC. I also understand that I will not be eligible for reimbursement for expenses until I take the role after the 2025 AMPIC. I understand I am expected to actively participate in the ongoing coordination of the NACAA Journal Committee activities. I have informed my supervisors (as appropriate) of my interest and have their support.

Provide the name, phone number and e-mail address of your state association president

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]

 (Signature of Applicant)

*Sending electronically requires typing signature and title on above lines and placing ‘X” in box*

*(Double click box and select “checked”)*

This form is due Oct 1, 2024 to: Donna Beliech

 NACAA Secretary

 e-mail: d.beliech@msstate.edu