TO: ADO Area Managers

 ADO National Youth Manager

 ADO Regional Directors

 ADO Association Representatives

RE: CALL FOR CANDIDATES – ADO National Youth Manager

Per the ADO Bylaws, Article XI, I hereby call for candidates for the position of ADO National Youth Manager. The candidates for this position shall be limited to the incumbent/past Executive Officers, Area Managers, National Youth Managers, Regional Directors, and local Association Representatives with at least one (1) year experience except as provided in for in Article VII, Section 7, Article XI, Section 5, and Article XIV, section 5. All candidates must be members of ADO in good standing.

If you wish to declare yourself as a candidate for the position of ADO National Youth Manager, please complete the form below and submit it to ADO General Secretary Carolyn Camp at P O Box 396 – Lagunitas, CA 94938 or email it to jcamp13@earthlink.net **on or before October 17, 2014. Date of postmark/email shall be the determining factor.**

**------------------------------------------------------- CUT HERE ---------------------------------------------------------**

I hereby declare myself as a candidate for the position of ADO National Youth Manager, in accordance with Article XI of the ADO Bylaws.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I qualify to hold this position by having served as an incumbent/past:

 \_\_\_ADO Executive Officer \_\_\_ADO Area Manager \_\_\_ ADO Regional Director

 \_\_\_ ADO National Youth Manager \_\_\_ ADO Association Representative

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADO Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_