

# Ohio State Firefighters' Association

## "APPOINTMENT NOTICE" OF APPOINTED EXECUTIVE BOARD MEMBERS OF THE OHIO STATE FIREFIGHTERS' ASSOCIATION PER ARTICLE III OF THE OSFA CODE OF REGULATIONS

**SECTION 1. EXECUTIVE BOARD:** The Executive Board shall be composed of the immediate past president; who shall serve as Chairperson, all past presidents, all elected officers, and one representative from each county, or district firefighters' association which has been approved by the Executive Board. Representatives must be certified by the President and attested by the Secretary/Treasurer before the representative can vote. Selected representative must be a member of the Ohio State Firefighters' Association. Expenses incurred by the representative to the Executive Board meeting may be paid the members' associations. No member of this Association shall be denied a voice at the Executive Board Meeting, but only the elected officers, past presidents and certified representatives shall have the privilege of voting. Certification of the selection of a representative must be signed by the President and attested by the Secretary of each subordinate association. Certification of a representative must be in the hands of the O.S.F.A. Secretary/Treasurer before the representative can vote.

Representative's Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax Phone \_\_\_\_\_

Alternative Representative's Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax Phone \_\_\_\_\_

Representative is a member of the \_\_\_\_\_ Fire Department

Alternate Rep. is a member of the \_\_\_\_\_ Fire Department

Who are current O.S.F.A. members of good standing and are representing  
the Association and will serve from \_\_\_\_\_ until \_\_\_\_\_

Signed by President of Local Association \_\_\_\_\_

Signed by Sect./Treas. of Local Association \_\_\_\_\_

Mailing Address of Local Association \_\_\_\_\_

City, State Zip \_\_\_\_\_ Dated \_\_\_\_\_

***THIS FORM MUST BE ON FILE WITH THE OSFA SECT./TREAS***

**Ohio State Firefighters' Association**

**P.O. Box 400, Mogadore, OH 44260-0400**

**Phone: 800-825-6732**