



# GROVES CONFERENCE on Marriage and Family

## Membership Nomination Form

### Your Information:

Name:

Affiliation:

Email Address:

Phone Number:

Fax Number:

Please check the box if you are self-nominating.

### Nominee's Information

Name:

Affiliation:

Email Address:

Phone Number:

Fax Number:

Address:

City:

State:

Zip:

Recommending for: (Circle One)

Full Membership

Retiree/Student Membership

Signed:

Date submitted:

Please save this form with your last name and the nominee's last name (Chancey Burgess.doc) and email it to Maresa Murray, Groves Membership Chair. Email: [marjmurr@indiana.edu](mailto:marjmurr@indiana.edu)