

ILARNG RETIRED SOLDIER COUNCIL
MEMBER NOMINEE FORM

NOMINEE PERSONAL INFORMATION

NAME: _____ RANK: _____ GENDER: _____

EMAIL ADDRESS: _____ PHONE #: _____

HOME ADDRESS: _____

RETIREMENT DATE: _____ YEARS OF SERVICE: _____

TYPE OF
RETIREMENT: ☐ AGR Retirement ☐ M-Day Retirement
☐ Permanent Disability Retirement

Local Council Information

Council Name: _____
Dates Served: _____
Positions Held: _____

Civilian Affiliations, Veterans Associations, and Committees

Enter comments:

Summarize your military career

CERTIFICATE OF ACKNOWLEDGEMENT

I, _____,

acknowledge that:

- The term of appointment for a member of the Illinois Army National Guard Retired Soldier Council, is two years.
- Meeting will be held monthly until a quarterly retiree newsletter is produced and a Retiree Appreciation Day even is planned. Then, quarterly thereafter.
- I am expected to attend each annual meeting.
- It is my responsibility to notify the chairmain for any absences to Council meetings.
- I am competent with video conferencing using applications such as Zoom and Teams and competent with using office software applications such as Outlook, Word, etc., as required to conduct Council business.

(Signature)

(Printed or Typed Name)