

*** NOMINATION FOR STATE OFFICE***

Nominee's name, county and office to be filled in by nominating person(s) and signed. Form should then be forwarded to nominee for her to fill in remaining portion and sign statement.

I (We) nominate _____ from
_____ County for the office of _____

Signature of Nominating Person(s)

County

Nominee to fill in remaining information and sign statement below. Upon completion, a copy is to be made and sent to nominating person(s). The original is to be sent to the State Nominating Committee Chairman by August 1 .

Office Address of Nominee:

Home Address of Nominee: _____

Years in Extension: _____ Qualifications: _____

*** AGREEMENT STATEMENT***

I agree to have my name placed in nomination for _____
State Officer and I further agree that should I be nominated, I will serve in this capacity to the best of my ability and will conscientiously, willingly and unselfishly serve the Association to the betterment of all members and to achieve our goals and aims.

Nominee's Signature