

**NOMINATION FOR SOUTH CENTRAL DISTRICT OFFICE**

Nominee’s name, county and office to be filled in by nominating person(s) and signed.

Form should then be forwarded to nominee to complete the remaining portion of the nomination form and sign the 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 District Nominating Committee Chairman by April 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 District Office and I further agree that should I be elected, I will serve in this capacity to the best of my ability and will conscientiously, willingly, and unselfishly serve the South Central Association to the betterment of all members and to achieve our goals and aims.

Signature of Nominee

Date

Send completed nomination for to:

Susan Johnson

NCCEAPA – Cumberland County Center

301 East Mountain Drive

Fayetteville, NC 28306

susan\_johnson@ncsu.edu

Fax (910) 321-6883