

TAFCE STATE OFFICER NOMINATION FORM

NAME _____ COUNTY _____ REGION _____

ADDRESS _____

PHONE NUMBER _____ CELL PHONE NUMBER _____

FCE CLUB MEMBER FOR _____ YEARS.

FCE OFFICES HELD: (If additional space is needed, attach plain sheet(s) of paper with information.)

CLUB _____

COUNTY _____

REGION _____

STATE _____

NATIONAL _____

FCE COMMITTEES SERVED ON: _____

FCE AWARDS & RECOGNITIONS: _____

COMMUNITY INVOLVEMENT (Example: Church, Civic, School): _____

FCE LEADERSHIP EXPERIENCE & EXAMPLES OF POSITIVE PARTICIPATION IN COMMUNITY AFFAIRS (Example: Fairs, Charity Drives, etc.): _____

FOR THE NOMINEE:

IF ELECTED TO A STATE OFFICE OF _____ I WILL CARRY OUT ALL DUTIES TO THE BEST OF MY ABILITY. _____ (signature of nominee) DATE: _____

FOR THE NOMINATOR:

I, _____ (print nominator's name)

nominate _____ (print nominee's name)

FOR ONE TERM TO THE STATE OFFICE OF _____.

Signature of nominator: _____ Date: _____

RETURN TO THE STATE VICE PRESIDENT FOR PROGRAMS: DEADLINE—POSTMARKED BY AUGUST 1st

