

# TAFCE STATE OFFICER NOMINATION FORM

NAME \_\_\_\_\_ COUNTY \_\_\_\_\_ REGION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

FCE CLUB MEMBER FOR \_\_\_\_\_ YEARS. EMAIL \_\_\_\_\_

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 nominees 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

