## ATTACHMENT ‘G’

# EXECUTIVE COMMITTEE NOMINATION FORM

|  |  |  |
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| PHOTO(if available) |  | POSITION SOUGHT |
| REGIONAL DIRECTOR |  |
| ASSISTANT REGIONAL DIRECTOR |  |
| TECHNICAL DIRECTOR |  |
| FINANCE DIRECTOR |  |

|  |  |
| --- | --- |
| NAME: | ……………………………………………………………………... |
| ADDRESS: | ……………………………………………………………………... |
| PHONE: | (H)……………………………. | (W)………………………….… |

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| PLEASE SUPPLY RESUME |
| ………………………………………………………………………………………………….………………………………………………………………………………………………….…………………………………………………………..……………………………………...………………………………………………………………………………………………….…………………………………………………………………………………………………. |

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| ………………….……………………. NOMINEES’ SIGNATURE |  | ………………………………………DATE |
|  |
| ……………………………………….SIGNATURE OF NOMINATOR |  | ………………………………………SIGNATURE OF SECONDER |
|  |  |
| ……………………………………….PRINTED NAME OF NOMINATOR | ……………………………………..PRINTED NAME OF SECONDER |