## 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 |