## **OFFICER NOMINATION FORM**

Check On	e: County	Area
NAME OF NOMINEE		
ADDRESS OF NOMINEE		
_		
Phone	Email	
Nomination for:(check one)	President ()	President-Elect () 1 <sup>st</sup> Vice-President for Program ()
Vice-President ( ) Treasurer ( )		1 <sup>st</sup> Vice-President for Program () for Member Resources ()
<b>Personal Sketch of Nominee:</b> Hobbies		

## Offices Held in KEHA and Number of Years in Each Office:

Offices Held:	Local Club	County	Area	State
President				
Vice President				
Secretary				
Treasurer				
Educational Chairman List:				
Committee Chairman List:				

Appendix 4 June 2020 **Other:** Community organizations in which the nominee has served as an officer (list and give offices held), committees served on, awards received:

		-
	To be signed by the Nominee	
Additional comments on this nominee from a leadership in Homemakers programs would submitting credentials.)		

SIGNED:\_\_\_\_\_

Please do not include any information except this form and do not include additional pages. All information should be included on this form.

Appendix 5 June 2020