

## FASFEPa 2010 Nomination Form

**Directions:** Please complete this form in its entirety. If you are nominating someone other than yourself, secure that persons approval before you submit their name. Complete a separate form for each candidate nominated. Your signature is required for the nomination to be valid and accepted. Fax completed form to Phyllis Porter, FASFEPa Past President, at 386-792-6601, by close of business, Friday, March 5, 2010. **You must be a member in good standing in order to nominate a candidate for office.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Title: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

FASFEPa Member: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Years: \_\_\_\_\_

I nominate \_\_\_\_\_ to serve on the FASFEPa Board (select one):

President	_____
President-Elect	_____
Secretary	_____
Treasurer	_____
Vice President - Region I	_____
Vice President – Region II	_____
Vice President – Region III	_____
Vice President – Region IV	_____
Vice President – Region V	_____

Nominee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Title: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

FASFEPa Member: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Years: \_\_\_\_\_

I nominate \_\_\_\_\_ to serve on the FASFEPa Board (select one):

Briefly explain why you feel you or this person would do well in that position:

Signature \_\_\_\_\_ Date \_\_\_\_\_