EASTERN REGION

ASSOCIATION FOR FAMILY AND COMMUNITY EDUCATION

NOMINATION FOR OFFICE

NAME _____

COUNTY _____

ADDRESS _____
(street) (city) (zip) (telephone)

FCE CLUB MEMBER (NUMBER OF YEARS): _____

OFFICES HELD:
CLUB _____

COUNTY _____

REGION _____

FCE COMMITTEES SERVED ON: _____
_____
_____
_____

FCE AWARDS/RECOGNITIONS: _____
_____
_____
_____

Use additional sheet if necessary.

COMMUNITY INVOLVEMENT: _____
_____
_____
_____

FCE LEADERSHIP EXPERIENCE: _____
_____
_____
_____
_____

_____ **FROM** _____ **COUNTY IS NOMINATED FOR**

THE OFFICE OF _____**.**

IF ELECTED, I WILL CARRY OUT ALL THE DUTIES OF THE OFFICE TO WHICH I AM ELECTED TO THE BEST OF MY ABILITY.

_____ _____
(Signature) *(Date)*

This form is due by September 15th to the Region Vice President of Programs.