

**EASTERN REGION
ASSOCIATION FOR FAMILY AND COMMUNITY EDUCATION
NOMINATION FOR OFFICE**

NAME _____

COUNTY _____

ADDRESS _____

(street) (city) (zip) (telephone)

EMAIL ADDRESS _____

FCE CLUB MEMBER (NUMBER OF YEARS): _____

OFFICES HELD _____

CLUB _____

COUNTY _____

REGION _____

FCE COMMITTEES SERVED ON _____

FCE AWARDS/RECOGNITIONS _____

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 1st* to the Region Vice President of Programs