

SCSNM Nomination for Office

President Elect: Must be a full member in good standing of the SCSNM for 2 years

Secretary: Must be a full member in good standing of the SCSNM

Treasurer: Must be a full member in good standing of the SCSNM

Office: President-Elect
 Secretary
 Treasurer

Name: _____

Employed by: _____

Nominated by: _____

Contact #: _____

Email: _____

Brief description of why this person will make a good candidate:

To be completed by Nomination Committee:

Date Received: _____

Candidate meets requirements: _____

Candidate contacted: _____