

# North Carolina Mothers of Multiples OFFICER APPLICATION FORM

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NAME \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE: DAYTIME \_\_\_\_\_ EVENING \_\_\_\_\_

CLUB AFFILIATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF CLUB PRESIDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

REASON YOU ARE SEEKING THIS POSITION:

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Signature of Applicant \_\_\_\_\_

Please complete one:

\_\_\_\_\_ I am placing myself in nomination

\_\_\_\_\_ I am being nominated

by \_\_\_\_\_

(Signature of person making nomination)

Submit to the Nominating chairman via email before the May 15th deadline. This form must be accompanied by a **Verification of Applicant Qualifications Form**, completed and signed by your local club president.

NCMOMs November 1990