

North Carolina Mothers of Multiples OFFICER RENEWAL APPLICATION FORM

Local President send to:

Kim Koontz

wickedwitch@ptmc.net

246 Beech Tree Ln.

Lexington, NC 27295

(336) 787-2278

NAME _____ DATE OF APPLICATION _____

ADDRESS _____

TELEPHONE: DAYTIME _____ EVENING _____

CLUB
AFFILIATION _____

ADDRESS _____

NAME OF CLUB
PRESIDENT _____

ADDRESS _____

TELEPHONE _____

POSITION
RENEWING _____

Signature of Applicant(type in) _____

Please initial one:
_____ I am placing myself in nomination

_____ I am being nominated
by _____
(Signature of person making nomination)

As President of _____,
I do verify that the above person is a member of good standing in their local club.

(Signature of local President)(type in)

This form must be completed by you and verified by your local club president. Your local club president will then submit this form to the Nominating chairman. Submit to the Nominating chairman before the May 15th deadline. Current address is above.
NCMOMs November 1990

Modified April 2010