

SCSNM Nomination for Office

President Elect: Must be a full member in good standing of the SCSNM for 4 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

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Office:      President-Elect  
                  Secretary  
                  Treasurer

Name: \_\_\_\_\_

Employed By: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Contact #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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To be completed by Nominating Committee:

Date Received: \_\_\_\_\_

Candidate meets requirements: \_\_\_\_\_

Candidate Contacted: \_\_\_\_\_