



TO: EANGUS Auxiliary Nominating Committee

DATE:

FROM:

SUBJECT: Personal Application for Nomination

I, _____, hereby submit my name for consideration for the position of _____ of the EANGUS Auxiliary.

I declare that I am a member in good standing with the state auxiliary of _____ and with the EANGUS Auxiliary.

My mailing address is:

My home telephone is:

My work telephone is:

My cell phone is:

My e-mail address is:

If elected to the above position of authority, I will serve to the best of my ability.

(Signature of Applicant)

ENDORSED BY: _____ CERTIFIED BY: _____
(State President or Rep.) (Date) (EANGUS Auxiliary Treasurer or Rep.) (Date)

RECEIVED BY: _____ DATE: _____
(Nominating Committee Rep.)



FROM: _____

SUBJECT: State Nomination Application

The state auxiliary of _____ is pleased to submit the following person as a nominee for the position of _____.

The nominee is a member in good standing with the state auxiliary of _____ and with the EANGUS Auxiliary.

The nominee has the following qualifications for consideration for selection as a candidate for the above office:

The nominee's mailing address is: _____

The nominee's home telephone is: _____

The nominee's work telephone is: _____

The nominee's cell telephone is: _____

The nominee's e-mail address is: _____

If elected to the above position of authority, I will serve to the best of my ability

(Signature of nominee)

ENDORSED BY: _____ CERTIFIED BY: _____
(State president or rep.) (date) (EANGUS Auxiliary Treasurer or rep.) (date)

RECEIVED BY: _____ DATE: _____
(Nominating committee rep.)

- SIDE BY SIDE WE STAND WITH PRIDE -