

STATE OFFICER NOMINATION FORM

NAME _____ COUNTY _____

ADDRESS _____
PHONE NUMBER _____

FCE CLUB MEMBER _____ NO. OF YEARS _____

OFFICES HELD IN CLUB _____
COUNTY _____
REGION _____
STATE _____
NATIONAL _____

FCE COMMITTEES SERVED ON _____

FCE AWARDS & RECOGNITIONS _____

COMMUNITY INVOLVEMENT (Example: Church, Civic, School) _____

FCE LEADERSHIP EXPERIENCE & EXAMPLES OF POSITIVE PARTICIPATION IN
COMMUNITY AFFAIRS (Example: Fairs, Charity Drives,
etc.) _____

_____ FROM _____ REGION IS NOMINATED FOR
FCE member name

_____ FOR ONE TERM.

State Office

NOMINATED BY: _____ DATE _____
Signature

IF ELECTED TO A STATE OFFICE, I WILL CARRY OUT ALL DUTIES TO THE
BEST OF MY ABILITY.

SIGNATURE: _____ DATE _____

(If additional space is needed, attach plain sheet(s) of paper with information.)

RETURN TO THE STATE VICE PRESIDENT FOR PROGRAMS:
DEADLINE-POSTMARKED BY AUGUST 1st.