



South Carolina Family and Community Leaders

Date _____

Officer Nomination Form

District _____ County: _____

Club: _____ Date _____

Procedure:

1. An FCL member may be nominated for an office by the county nominating committee or by a FCL club through the county nominating committee.
2. The nominee should be contacted to determine if he/she will be willing to serve before the nomination is made.
3. The FCL nomination form may only have one nomination office per person per form.
4. County nominations should be submitted to County President to be forwarded to the county nomination chair.
5. State nominations should be submitted to the State President to be forwarded to the state nomination chair by July 1.

Name of Nominee _____ Address _____ Phone Number _____

Office for which Nominated _____ Age Range of Nominee: 20-35 () 51-65 ()
 (check one) 36-50 () 66+ ()

Offices and/or Committees Held	Local	County	State

Community and Church Organizations in which nominee has served as an officer

The nominee should attach a statement of her/his qualifications and why she/he would like to serve in this position.

_____ (only signature needed if submitting a county nomination)
 FCL Club President

 County FCL President

 County Extension Agent/Advisor

(all three signatures needed if submitting a state nomination)