



# South Carolina Family and Community Leaders

## Officer Nomination Form

District \_\_\_\_\_ County \_\_\_\_\_

Club \_\_\_\_\_ Date \_\_\_\_\_

**Procedure:**

1. The Nomination form may only have one nomination office per person per form.
2. Nominations shall be submitted to the Nomination Chair at least 120 days prior to the Annual Meeting with a copy sent to the SCFCL President.

Name of Nominee \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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.

\_\_\_\_\_  
 (Signature of Nominee)

\_\_\_\_\_  
 (Signature of County Extension FCL Contact)

\_\_\_\_\_  
 (Signature of Club President needed for County Nomination)

\_\_\_\_\_  
 (Signature of County President needed for State Nomination)