



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 _____

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Age Range of Nominee 20-35 () 51-65 ()

Office for which Nominated _____ (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 Club President needed for County Nomination)

(Signature of County President needed for State Nomination)