



North Carolina  
Association of  
Extension Program  
Assistants, Associates,  
& Technicians

Officer Nominating Form

**Nomination person(s):** Fill in Nominee's Name and County and sign form. Then forward to nominee for him/her to fill in remaining portion and sign statement.

I (we) nominate \_\_\_\_\_ (name)

of \_\_\_\_\_ County for

\_\_\_\_\_ (office) of the NCAEPAAT

Signature of Nominating Person(s):

\_\_\_\_\_  
\_\_\_\_\_

**Nominee:** Fill in remaining information and sign statement below. Upon completion, make a copy and send to:

Current Past President (See Officer List)

Nominating Committee Chairperson

Office

Address: \_\_\_\_\_

Home  
Address: \_\_\_\_\_  
—

Phone (wk) \_\_\_\_\_ Home \_\_\_\_\_

Years in Extension \_\_\_\_\_

Membership Dues Paid by March 1<sup>st</sup> of the current year? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

**Qualifications:**

**Nomination Agreement Statement:**

I agree to have my name placed in nomination for \_\_\_\_\_ of the NCAEPAAT. I further agree that should I be elected for this position, will serve in this capacity to the best of my ability, conscientiously, willingly and unselfishly to the betterment of all members and the Association achieve our goals and aims.

**Nominee's  
Signature:** \_\_\_\_\_