



South Central District Officer Nomination Form

Nominating person(s) fill in nominee's name, county, officer (i.e., president, vice-president, etc.) and sign form. Then forward to nominee for her to fill in the remaining portion and sign statement.

I (We) nominate _____ of _____
Name County

for _____ of the South Central District.
Officer

_____ of _____
Signature of Nominating Person(s) County

Nominee, please fill in remaining information and sign statement below. Upon completion, a copy is to be made and sent to the nominating committee chairperson.

**Myra Johnson
NCCE – Moore County Center
PO Box 1149
Carthage, NC 28327**

Office Address of Nominee _____

Years in Extension _____

Qualifications _____

Nominee's Agreement Statement

I agree to have my name placed in nomination for South Central District _____, and I further agree that should I be nominated, I will serve in this capacity to the best of my ability, conscientiously, willingly, and unselfishly to the betterment of all members of the Association, and to achieve our goals and aims.

Nominee Signature