

ENTER YEAR Call for Nominations
Southern Regional Extension and Research Support Staff Association
For Executive Officers

To be considered by the Nominating Committee: Return this form along with required endorsements by ENTER DUE DATE to:

ENTER CHAIR'S NAME, SRERSSA Nominating Committee Chair
ENTER CHAIR'S ADDRESS
ENTER CHAIR'S CITY, ST, ZIP
ENTER CHAIR'S PHONE NUMBER
ENTER CHAIR'S FAX NUMBER
ENTER CHAIR'S EMAIL ADDRESS

Forms may be faxed or mailed along with a signed copy of endorsement to ENTER CHAIR'S NAME, SRERSSA Nominating Committee Chair: For further information contact any member of SRERSSA nominating committee.

Nominations will be accepted from the floor at Conference: Fill out this form and present to the State Nomination Committee Chair at the SRERSSA Conference by the first day of conference. Your name must be entered in nomination form from the floor during the business meeting. You must have the written endorsement of your State Extension Director.

NAME OF NOMINEE _____ STATE _____
ADDRESS OF NOMINEE _____
PHONE _____ FAX _____ EMAIL _____

NOMINEE WOULD LIKE TO BE CONSIDERED FOR:

- _____ President-Elect
- _____ Recording Secretary
- _____ Membership Secretary
- _____ Treasurer (2 year term)
- _____ Webmaster

Number of years in Extension/Research _____

State Association Leadership Roles: List any other responsibilities of the nominee:

I understand, if selected as an officer, I will attend and participate in all required meetings and/or conferences during the term and will fulfill responsibilities as stated in the SRERSSA Bylaws.

If you are not the nominee fill out information below:

Submitted by _____

Address: _____

e-mail: _____

fax: _____

phone: _____