

NOMINATION FORM

Nominee's Full Name: _____

Nominee's Address: _____

City: _____ State: _____ Zip Code: _____

Nominee's Phone Number: _____

Nominee's Email Address: _____

Nominator's Information

Full Name: _____

Relationship to Nominee: _____

Phone Number: _____

Email Address: _____

Nomination Details

Position/Nomination For: _____

Organization/Entity: _____

Term Length (if applicable): _____

Declarations and Agreements

I, the undersigned Nominator, hereby nominate the above-named Nominee for the position or role stated herein in accordance with all applicable laws, regulations, and bylaws governing such nomination.

I represent and warrant that to the best of my knowledge, the Nominee meets all eligibility requirements for the position and has consented to this nomination.

I acknowledge that this Nomination Form is legally binding and enforceable under United States law.

I agree to provide any further documentation or information as may be required to validate this nomination.

I understand that submission of false or misleading information may subject me to legal penalties.

This Nomination Form and any accompanying documents constitute the entire agreement between the parties with respect to the nomination process and supersede all prior communications or understandings.

I acknowledge and accept that the Organization/Entity retains sole discretion to accept, reject, or otherwise act on this nomination in compliance with applicable laws and internal policies.

NOMINATOR'S SIGNATURE

NOMINEE'S SIGNATURE

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Witness 1 Name:
Witnesses

Signature: _____

Date: _____

Witness 2 Name:

Signature: _____

Date: _____

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