

## STATE OFFICER NOMINATION FORM

**Please do not include information not requested on this form. All information should be typed or legibly printed.** (Qualifications are listed in Bylaws Article III, Sec 3.)

Send to: KEHA Secretary as listed on the current directory

**Forms should be sent by certified mail and must be postmarked no later than thirty (30) days prior to the start of the KEHA Annual Meeting.**

NAME OF NOMINEE \_\_\_\_\_

ADDRESS OF NOMINEE \_\_\_\_\_

COUNTY \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Nomination for:      President                                      ( )  
 (check one)          President-Elect                                      ( )  
                                  1<sup>st</sup> Vice-President for Program                      ( )  
                                  2<sup>nd</sup> Vice-President for  
                                  Member Resources                                      ( )  
                                  Secretary    ( )  
                                  Treasurer    ( )

**Offices Held in KEHA and Number of Years in Each Office:**

Offices Held:	Local Club	County	Area	State
<b>President</b>				
<b>Vice President</b>				
<b>Secretary</b>				
<b>Treasurer</b>				

Committee Chairmen (list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Sketch of Nominee: (Optional)**

Gender (circle one) (optional)      M    F

Age Range (optional)    15-19 ( ) 20-24 ( ) 25-34 ( ) 35-39 ( ) 40-44 ( ) 45-64 ( ) 65+ ( )

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

**Other:** Community organizations in which nominee has served as an officer (list and give offices held), committees served on, awards received.

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

\_\_\_\_\_  
(To be signed by the Nominee)

County Council making nomination

\_\_\_\_\_  
(To be signed by the County  
President or other officer)

Additional comments on this Nominee. (Ability to assume leadership in the Homemakers program would be of great help to the Nominating Committee.)

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

Please do not include any information that is not asked for on this form and do not attach additional Pages. All information should be included on this form.