

## STATE CHAIRMAN NOMINATION FORM

Please do not include information not requested on this form. All information should be typed or legibly printed. Additional pages should not be attached or submitted. (Qualifications listed in Bylaws Article III Section 4. Position descriptions for each state chairman position are available at [www.keha.org](http://www.keha.org) in the State Board section.)

Send to: Wanda Atha, KEHA Secretary, 475 Highway 151, Frankfort, KY 40601

**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 \_\_\_\_\_

Educational Chairmen: (Check One)

- |                                       |                                |
|---------------------------------------|--------------------------------|
| Environment, Housing, Energy _____    | Cultural Arts & Heritage _____ |
| Family & Individual Development _____ | Food, Nutrition & Health _____ |
| 4-H Youth Development _____           | International _____            |
| Leadership Development _____          | Management & Safety _____      |

Marketing and Publicity Chairman \_\_\_\_\_

### Offices Held in KEHA – List years served in each office at each level:

Offices Held:	Local Club	County	Area	State
<b>President</b>				
<b>Vice President</b>				
<b>Secretary</b>				
<b>Treasurer</b>				
<b>Educational Chairman</b> <i>Please List:</i>				
<b>Committee Chairman</b> <i>Please List:</i>				

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

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

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

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

*By signing this form, I verify I'm an active member of KEHA and my dues are current.*

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

Additional comments on this Nominee from County President or Agent. (An ability to assume leadership in Extension Homemakers programs would be of great help, especially in the area you are submitting credentials.)

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

SIGNED: \_\_\_\_\_  
County President or Agent

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