

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 in the State Board section.)

Send to: Judy Jackson, KEHA Secretary, 5770 Elliston-Mt. Zion Road, Dry Ridge, KY 41035

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 and Number of Years in Each Office:

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

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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