

Special Election

EASTERN AREA NATIONAL VICE PRESIDENT NOMINATION AND CONSENT FORM

(please print)

Nominee's Nam	ne				
	Nor	ninee's FMCA M	ember Number		
Nominated by:	National Director's Name				
	FMCA Member Number			Date_	
	Name of Chapter				
	may be submitted separa minee is required to subr				
which I reside, a best of my abilit Procedures. In interest in an R' office, or a seco	the nomination for Nation and if elected, will perform by. I agree to abide by the accordance with the FMC V-related association or cond national position simulation background, as well a	n the duties and a FMCA Constitut CA Bylaws, I am r company, and if e ultaneously. I am	t for a two-year accept the responsion, National By not employed by lected, will not head the submitting a res	onsibilities laws and or hold a nold a cha sume of m	of the office to the Policies and management pter office, area y Family Motor
Candidate's Na	me				
Candidate's S	Signature				
Street Address					
City		State	Zip	Code	
Primary Phone	()			□ cell	☐ home
Secondary Pho	ne ()			□ cell	□ home
E-mail Address					

SUBMIT FORM AND RESUME NO LATER THAN SEPTEMBER 27, 2024

☐ E-mail: chapters@fmca.com ☐ Fax: 513-474-2332

Mail: FMCA, Attn: Chapter Services 8291 Clough Pike, Cincinnati, OH 45244