



AREA OR STATE POSITIONS
NOMINATION FORM

NAME _____

ADDRESS _____

TELEPHONE(_____)_____-_____- COUNTY _____ FCE _____

ELECTED POSITION (Please mark desired position)

| State Position | | Area Position |
|--|------------------------------------|--|
| <input type="checkbox"/> President/President Elect | <input type="checkbox"/> Secretary | <input type="checkbox"/> KAFCE Area Director |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Treasurer | |

APPOINTED POSITIONS

| | | |
|-------------------------------|--------------------------------|-------------------------------|
| EDUCATIONAL PROGRAM COMMITTEE | <input type="checkbox"/> STATE | <input type="checkbox"/> AREA |
|-------------------------------|--------------------------------|-------------------------------|

| | | |
|---------------------------------|--|--|
| STATE APPOINTED POSITION | | |
| <input type="checkbox"/> EDITOR | <input type="checkbox"/> REGISTRAR/HISTORIAN | <input type="checkbox"/> MARKETING COMMITTEE |

QUALIFICATIONS

1. Years in FCE _____

2. Offices Held (Give approximate dates):

FCE _____

County _____

State _____

3. What committees has the nominee served on and what activities carried out that shows leadership? Committees can be FCE, Extension related, community, or other.

4. List community activities in which nominee participate.

5. Give in detail any further information you feel would be helpful.

Nominee's Signature _____

Date _____

Send Nominations for:

Elected State offices to State Nominating Committee Chairman, deadline February 1

Appointed State Offices to KAFCE President, deadline February 1

KAFCE Area Director to Current KAFCE Area Director, deadline February 1

Area Educational Program Committee to KAFCE Area Director, deadline February 1