

LOCAL CHAPTER (Insert Name) _____

REGION # _____
NEW YORK STATE WOMEN, INC.

CONSENT TO SERVE

(All candidates **must** sign this form)

The duties of Local Chapter President, Vice President, Secretary and Treasurer requires attendance at all Board Meetings and Regular Business Meetings.

I consent to serve as _____ if elected.
Insert Office

I assert that I am able to give the required time to the duties of such an office, and can foresee nothing in my health, personal or business affairs to prevent my serving.

I heartily support the goals, objectives, legislative and advocacy platforms of New York State Women, Inc.

Signature _____

Print Name _____

Date _____

Please return this form to:

Name _____
Local Chapter Nominating Committee Chair

Address _____
