



REGION # _____

NEW YORK STATE WOMEN, INC.

Region Nominating Committee (insert fiscal year) _____

TO: Local Chapter Presidents
List Names

FROM: List Name of Region Nominating Committee Chair
List Names of Members of Region Nominating committee

Enclosed please find Consent to Serve Form together with an Endorsement Form.
Please complete both forms and return to Nominating Committee Chair (list name) by no later than one month prior to the Spring Region Meeting.

ELIGIBILITY REQUIREMENTS

- Candidates must be a member in good standing
- Publically support the goals, objectives, legislative and advocacy platforms of New York State Women, Inc.

CONTACT INFORMATION

- List Names, addresses, telephone numbers, email addresses of
- Region Nominating Committee Chair and
- Region Nominating Committee members

REGION # _____

NEW YORK STATE WOMEN, INC.

CONSENT TO SERVE

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

The duties of the Region Director or Assistant Region Director requires attendance at Region #_ Meetings, Leadership Meetings, New York State Women, Inc. Board of Directors Meetings and Annual Conference.

I consent to serve as a Region Director or Assist Region Director if elected. 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 together with the Region Official Candidate Data Form for Elective Office (Nominating Form) to:

Name _____
Region Nominating Committee Chair

Address _____

Completed forms must be postmarked no later than (insert date – 1 month prior to Spring Region Meeting).

REGION # _____

NEW YORK STATE WOMEN, INC.

OFFICIAL CANDIDATE DATA FORM

(nominating, endorsement form)

The _____ Chapter of Region # _____ of

New York State Women, Inc. endorses (Name of Person) _____

for Region # _____ Director

or Region # _____ Assistant Director of New York State Women, Inc.

Signed: _____
Local Chapter President or Recording Secretary

Date _____

PERSONAL DATA:

Name: _____

Address: _____

Telephone Home: () _____

Telephone Cell: () _____

Telephone Business: () _____

Business or Profession: _____

Current NYS Women, Inc. Office (if any) _____

Positions held in the Region or Local Chapter _____
