

STATE CHAIRMAN NOMINATION FORM

Please do not include information not requested on this form. Do not write on the back of this form. All information should be typed or legibly printed. (Qualifications listed in Bylaws Article III Section 3.)

Send to: KEHA Secretary as listed on the current directory

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)

Gender (circle one) (optional) M F

Age Range (optional) 15-19 () 20-24 () 25-34 () 35-39 () 40-44 () 45-64 () 65+ ()

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 Homemakers programs would be of great help, especially in the area you are submitting credentials.)

SIGNED: _____
County President or Agent

Please do not include any information except this form and do not include additional pages. All information should be included on this form.