

## AEHC State Officer Consent of Nominee Form

Return this nomination form to the Immediate Past President by May 15 in even-numbered years (refer to D-6).

I, \_\_\_\_\_, \_\_\_\_\_  
Name Address

\_\_\_\_\_  
City/State/Zip Code County Telephone Number

am willing to have my name placed in nomination for \_\_\_\_\_  
State Office

for a two-year term and certify that I have studied the qualifications and responsibilities of this office as outlined in the Bylaws and Standing Rules.

Date \_\_\_\_\_  
Nominee Signature

## Recommendation

The above nominee is recommended for \_\_\_\_\_  
State Office

and is a qualified member of the \_\_\_\_\_ County Extension Homemakers Council.  
County

Date \_\_\_\_\_  
County Extension Agent - Family and Consumer Sciences\*

Date \_\_\_\_\_  
County Council President or Appropriate Officer

X If the County Extension Agent - Family and Consumer Sciences' position is vacant, the recommendation can be made by the County Extension Agent - Staff Chair.