

## STATE OFFICER NOMINATION FORM

**Please do not include information not requested on this form. All information should be typed or legibly printed.** (Qualifications are listed in Bylaws Article III, Sec 4. Position descriptions for each state officer position are available at [www.keha.org](http://www.keha.org) in the State Board section.)

Send to: Wanda Atha, KEHA Secretary, 475 Highway 151, Frankfort, KY 40601

**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 \_\_\_\_\_

Nomination for:     President                           ( )  
 (check one)        President-Elect                       ( )  
                           1<sup>st</sup> Vice-President for Program     ( )  
                           2<sup>nd</sup> Vice-President for  
   Member Resources               ( )  
                           Secretary                               ( )  
                           Treasurer                                 ( )

**Offices Held in KEHA and Number of Years in Each Office:**

Offices Held:	Local Club	County	Area	State
President				
Vice President				
Secretary				
Treasurer				

Committee Chairmen (list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Sketch of Nominee: (Optional)**

Hobbies:

---

---

---

**Other:** Community organizations in which nominee has served as an officer (list and give offices held), committees served on, awards received.

---

---

---

---

---

---

---

---

*By signing this form, I verify I'm an active member of KEHA and my dues are current.*

\_\_\_\_\_  
(To be signed by the Nominee)

Additional comments on this Nominee from County President or Agent. (An ability to assume leadership in Extension Homemakers programs would be of great help, especially in the area you are submitting credentials.)

---

---

---

---

---

---

---

---

Candidate for KEHA State Treasurer must also submit Appendix 10 – Bonding Form.

SIGNED: \_\_\_\_\_  
County President or Agent