



INDIANA EXTENSION HOMEMAKERS ASSOCIATION®

## NOMINATION FORM

Office of:

\_\_\_\_\_ **District Representative**  
Two (2) year term, must have served as a County President

NAME of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

County \_\_\_\_\_ District \_\_\_\_\_

**EXTENSION HOMEMAKER COUNTY OFFICES HELD:** (include year)

President \_\_\_\_\_ Vice President \_\_\_\_\_ Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_ Other \_\_\_\_\_

County Chairs held during last ten (10) years:

State Focus Groups and/or Activity Committee service: *(List group & years served)*

District Office held: *(List office & years served)*

**IEHA Board Service:** *(List office & years served)*

**Is nominee presently an active Extension Homemaker member?** \_\_\_\_\_

**Local Club** \_\_\_\_\_ **Years in IEHA** \_\_\_\_\_

**Has nominee attended annual IEHA Home & Family Conference?** \_\_\_\_\_

**Is nominee willing to attend annual IEHA Conference, State Board meetings, and other required meetings?** \_\_\_\_\_

**Other relevant background & experiences:**

\_\_\_\_\_  
**Signature of County President**

\_\_\_\_\_  
**Signature of County Secretary**

\_\_\_\_\_  
**Date Approved by Council**

\_\_\_\_\_  
**Signature of Nominee**

\_\_\_\_\_  
**Date Form Completed**

**DUE DATE SET BY DISTRICT ELECTION COMMITTEE**

**SEND ORIGINAL TO: Current District Representative** (address in current State Directory)

**SEND DUPLICATE TO: State President Elect** (address in current State Directory)

Revised 2010