



INDIANA EXTENSION HOMEMAKERS ASSOCIATION®

NOMINATION FORM

Office of: (Check one)

____ President Elect _____ Vice President
One year term, must have served as a District Representative

____ Secretary _____ Treasurer
Two 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

Postmarked by FEBRUARY 15

SEND ORIGINAL TO: Immediate Past State President (address in current State Directory)

SEND DUPLICATE TO: Assistant Program Leader, Purdue University,

Health & Human Sciences, Extension (address in current State Directory)