

Gujarati Association of CT - Election Nomination Form

Nominating Position:

Date:

- | | |
|--|--|
| <input type="checkbox"/> President | <input type="checkbox"/> Senior Citizen Coordinator |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Fund Raising Coordinator |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Youth Club Coordinator |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> News Letter Editor |
| <input type="checkbox"/> Public Relation Officer | <input type="checkbox"/> Executive Member (11 positions) |
| <input type="checkbox"/> Program Manager | |

Nominee's Information:

Last Name	First Name	MI
Street Address:		
Town:	State:	ZipCode:
Email Address	Phone#	

Acceptance of Nomination:

I am a life member for at least three months and accept the nomination.

Signature: _____ Date: _____

Nominating Members' Information: (must be a life member of GAOCT for at least 3 months)

Last Name	First Name	MI
Street Address:		
Town:	State:	ZipCode:
Email Address	Phone#	
Signature:	Date:	

Last Name	First Name	MI
Street Address:		
Town:	State:	ZipCode:
Email Address	Phone#	
Signature:	Date:	

Completed nomination forms must be submitted postmarked on or before December-5, 2008.