



Louisiana Federation of Business & Professional Women's Clubs
Official Nomination Form for State Officers, State Chairs and District Officers

Candidate for the office(s) of:			
Name of Candidate:			
Address:	City:	State:	Zip Code:
Phone:	Cell:	Work:	Fax:
Email:			
Previously held Offices or Chair Positions:			
Local:			
State:			
List Employers and Occupations of Candidate for the past five years:		Employer:	Occupation:
Employer:		Employer:	Occupation:
Occupation:		Employer:	Occupation:
Employer:		Employer:	Occupation:
Occupation:		Employer:	Occupation:
Qualifications of Candidate:			
Candidate has been a member of this organization for _____ years.			
Name and signature of Local Organization Officer authorized to issue endorsement:			
This space to be filled in and signed by the Candidate:			
WRITTEN CONSENT			
If elected () or appointed () to the position of _____, I will serve to the best of my ability.			
Date: _____ Signature: _____			
LFBPWC BYLAWS ARTICE XIII SECTION 4. "Only candidates who officially and publicly support the Legislative Platform shall be eligible for election to office."			
This space to be filled out by the State President and State Treasurer (for MAL and SAL):			
Candidate has been a member of this organization for _____ years.			
President's Signature: _____ Date: _____			