

## JCNA Nomination for Regional Director Form

**(Open this form in MS Word and press the Tab key to move through the fields and type the information in. Print and sign the document and send by August 1<sup>st</sup> it to:**

Brock McPherson, Chairman (Voice days 620-793-9237, Fax 620-793-5994)  
JCNA Nomination Committee [bmcpherson@jcna.com](mailto:bmcpherson@jcna.com)  
2109 12th, P.O. Drawer 1429  
Great Bend, KS 67530

This nomination is submitted in accordance with Article VI of the JCNA Bylaws.

Nominee: \_\_\_\_\_

JCNA # \_\_\_\_\_

has been a member of JCNA in good standing for 12 months or more, and by signature below certifies understanding of a Regional Director as set forth in Article VI and agrees to serve.

Nominee is currently a member of: \_\_\_\_\_

a JCNA affiliate, and is nominated to represent the \_\_\_\_\_ region.

- (1) This nomination is in the name of club affiliate # \_\_\_\_\_ and bears the names, titles, JCNA numbers, and signatures of two of the club affiliate's officers

Name: \_\_\_\_\_

Title: \_\_\_\_\_ JCNA # \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ JCNA # \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

or (2) This nomination is by an individual JCNA member.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ JCNA # \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(3) If elected, I \_\_\_\_\_ agree to serve and fulfill the duties of a Regional Director as set forth in the JCNA By-laws, including attending Board meetings and AGMs.

Signature of Nominee: \_\_\_\_\_

Title: \_\_\_\_\_ JCNA # \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date submitted: \_\_\_\_\_