**Jaguar Clubs Of North America, Inc**.

**Nomination for Regional Director Form**

(Open this form and press the **Tab** key to move through the fields and type the information in. Print and sign the document and send **by AUGUST 15th to both:**

|  |  |
| --- | --- |
| **JCNA Nominations Chair****Lisa Schafer**  lmvschafer@yahoo.com **324 Flightline Road****Lago Vista TX 78645****(512)656-8262****Committee: Lisa Schafer, Howard Lee Smith and Nicole Smart.** | **JCNA Administrator** **Admin@JCNA.com****500 Westover Dr. #8354****Sanford, NC. 27330****888-258-2524 #1 FAX****ALSO submit BIO & Self-photo to P. Crespin at** Pc@thewritersbureau.com **for inclusion in JAGUAR JOURNAL**. |

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

|  |  |
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| **Nominee (Print name)**: |       |
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| --- | --- | --- |
| JCNA # |       |  |

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| Nominee is currently a member of (Club):  |       |
| a JCNA affiliate, and is nominated to represent the |       | (NW,SW,NC,SC,NE,SE) 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 of 1st Sponsor**: |       |
| Title: |       | JCNA # |       |
| Signature: |       |
| Email: |       | Phone No: |       |
| **Name of 2nd Sponsor**: |       |
| Title: |       | JCNA # |       |
| Signature: |       |
| Email: |       | Phone No: |       |
| **OR (2)** **I hereby nominate the above named member to run for the Regional Director position in my Region.** |
| **Name of Sponsor**: |       |
| JCNA Club: |       | JCNA # |       |
| Signature: |       |
| Email: |       | Phone No: |       |
|  |  |  |  |
| **If elected, I (Print Name)** |       |
| **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. I certify that I have been a member of JCNA in good standing for more than 12 months.** |
| **Signature of Nominee**: |       |
| Phone Number: |       | Fax No: |       |
| Email: |       | Cell No: |       |
| Postal Address: |       |
| City, State, Zip: |       |
| Date submitted: |       |  |