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| Arkansas Extension Homemakers Councilnew logo | | | | | | | | | | | | | | |  | | FCS 745  10-2016 |
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| **AEHC State Officer Consent of Nominee Form** | | | | | | | | | | | | | | | | | |
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| In even-numbered years, return this form to Melody Curtis at the state extension office, 2301 South University Ave., Little Rock, AR 72204 by **May 15.** | | | | | | | | | | | | | | | | | |
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| I, | | | | | | | | | | | | | | | | | |
| am willing to have my name placed in nomination for the office of | | | | | | | | | | | | | |  | | | |
| for a two-year term and certify that I have studied the qualifications and responsibilities of this office as outlined in the Bylaws and Standing Rules. | | | | | | | | | | | | | | | | | |
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| Address | | |  | | | | | | | | | | | | | | |
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| Date |  | | | | Nominee Signature | | | |  | | | | | | | | |
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| **Recommendation** | | | | | | | | | | | | | | | | | |
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| The above nominee is recommended for the office of | | | | | | | | | | |  | | | | | | |
| and is a qualified member of the | | | | | | | County Extension Homemakers Council. | | | | | | | | | | |
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| Date | |  | | | | CEA-FCS Signature | | | | | | |  | | | | |
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| Date | |  | | | | County Council President or Appropriate Officer Signature | | | | | | |  | | | | |
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| ⬥ | | If the CEA-FCS position is vacant, the recommendation may be made by the CEA-Staff Chair. | | | | | | | | | | | | | | | |
| The University of Arkansas System Division of Agriculture offers all its Extension and Research programs to all eligible persons regardless of race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer. | | | | | | | | | | | | | | | | | |
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