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# AEHC State Officer Consent of Nominee Form

FCS-745



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**In even-numbered years, return this form to the EHC Administrative Specialist at the state extension office, 2301 South University Ave., Little Rock, AR 72204 by May 15th.**

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.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_ Nominee Signature \_\_\_\_\_

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## Recommendation

The above nominee is recommended for the office of \_\_\_\_\_ and is a qualified member of the \_\_\_\_\_ County Extension Homemakers Council.

\_\_\_\_\_  
Date

\_\_\_\_\_  
CEA-FCS Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Council President or  
Appropriate Officer Signature

*\*If the CEA-FCS position is vacant, the recommendation may be made by the CEA-Staff Chair.*

