

AEHC District Director Consent of Nominee Form

FCS-747



In odd-numbered years, return this form to the EHC Administrative Specialist at the State Office at 2301 South University Ave., Little Rock, AR 72204 by May 1st.

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 _____

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.*