

STATE GOVERNING BOARD CANDIDATE APPLICATION FORM

Letter to Candidate Notifying Eligibility – STATE GOVERNING BOARD Date: June 1, 20____

You are eligible to run for the office of STATE GOVERNING BOARD for the term of 2 years. If elected your term would begin on August 1, 20____ and end on July 31, 20____.

If you are interested in running, please complete the form below regarding your qualifications and background and return to the Regional Judging Director by June 15, 20____.

(Request RETURN RECEIPT, please) Failure to respond (postmarked by the deadline date) indicates that you do NOT wish to run for office. This application will be COPIED and sent out with the ballot.

STATE GOVERNING BOARD CANDIDATE APPLICATION FORM

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____ (cell) _____

Rating: _____

NAWGJ Background: _____

Years of Service: _____

Additional Credits: _____

Comments:
