

National Volunteer Outreach Network, INC.

Affiliated With

Country Women's Council USA and Associated Country Women of the World

Member organizations working together to promote Communication, education and volunteerism for all people

NVON NOMINATION FORM

State:		D	ate:
For the office of:			
Name of Nominee:		Pł	none:
Address:(Street)	(State)	(Zip)	(email)
Positions Nominee has held on State Board:			
Other background and experiences which have 1	elevance to	the office:	
The Nominee must attach a statement of qua The Nominee must include a 5 X 7" photog		and reason pos	sition is desired.
The Nomination will be asked to make a 2-3-minute	talk at the an	nual conference a	s to goals and desire to serve NVON.
(Signature of Nominee)	(Signature of State Society President)		
Nominations must be made and received by later than April 20, 2020, three months prior			· · · · ·
Vice President: For three-year term, must be a mem	ber of NVON	and have served as	President of a NVON affiliated state
Treasurer: For three-year term, must be a mem	ber of NVON	and have served as	elected officer of a NVON affiliated state
Joyc	e Kluttz, No	mination Chair	
3201 Old Salisbury/Con	ncord Rd., C	oncord, NC 280	25, 704.786.5324

jwkluttz12@gmail.com

Revised 2020