



JCI Iowa State Board Nomination Form

Local Chapters submitting nominations for state officer should fill out the following blanks, attach pertinent information, and forward to JCI Iowa Elections Committee with the appropriate filing fee. No nomination forms will be accepted unless totally complete including filing fee.

Filing Fees: State Vice President \$75.00 State President \$125.00

JCI _____ recommends _____ of JCI
Chapter Name Nominee Name

_____ for nomination to the office of _____ for JCI Iowa, for the
Home Chapter Name Position Title
_____ year.
YYYY

Full Name _____

Home Address _____

City, State, Zip _____

Telephone _____

Date of Birth _____

Year Joined JCI _____

The following are questions to be answered fully by the chapter sponsoring the nominee:

1. Does the nominee have the time available to fulfill the duties of this office in a satisfactory manner? YES NO

2. Is your nominee of unquestionable sound standing and character? YES NO

3. If elected, your nominee will follow through faithfully on the task assigned to them? YES NO

4. Will your nominee enjoy the wholehearted support of their local chapter? YES NO

5. List offices held in your local chapter _____

6. List offices held on the State Board _____

Nominator Signatures

We, the undersigned officers of JCI _____ hereby place before the Elections Committee this nomination, and do hereby certify that all the statements and information contained herein are true and correct to the best of our knowledge.

Local Chapter President Signature _____
(or Local Chapter Vice President in the case the Local Chapter President is unable to sign)

Local Chapter Secretary _____
(or other Local Chapter Officer)

Nominee Signatures

I, _____ as a candidate for the office of JCI Iowa _____ pledge the following in the event I should be elected.
Position Title

1. I have carefully examined the foregoing statements and attached information and verify that all information contained herein is true to the best of my knowledge.
2. I have reviewed the current job description and understand the duties of the position I seek.
3. I will carry out those duties to the very best of my abilities.
4. I will attend all regularly scheduled meetings required of my office unless prevented by serious circumstances beyond my control.
5. I will accept my fair share of responsibilities of the Board of Directors and will help organize and guide such projects, programs, and membership responsibilities assigned to me.
6. As an officer of JCI Iowa, I shall endeavor to maintain and preserve dignity, honor, and moral standard of JCI Iowa.

Nominee Signature _____

Date _____

Certification After Elections

The above candidate was _____ / was not _____ duly elected as _____ of JCI Iowa on _____
Elections Date Position Title

_____ and all required information and filing fees are attached.

State President Signature _____

Elections Committee Chairperson Signature _____