

**MICHIGAN ANTIQUE ARMS COLLECTORS
BOARD OF DIRECTORS NOMINATION FORM**

NAME _____ **DOB** _____

ADDRESS _____

PHONE _____ **EMAIL** _____

I AM A CURRENT ACTIVE MEMBER OF THE MICHIGAN ANTIQUE ARMS COLLECTORS. I WISH TO HAVE MY NAME PLACED ON THE BALLOT FOR THE NEXT BOARD OF DIRECTORS ELECTION.

SIGNED _____

PLEASE PROVIDE A SHORT RESUME WITH THIS APPLICATION. WITH BASIC FAMILY INFO I.E. MARRIED OR SINGLE, CHILDREN. COLLECTING INTERESTS, COLLECTORS GROUPS OR CLUB MEMBERSHIPS SUCH WINCHESTER ARMS COLLECTORS, OHIO GUN COLLECTERS, ETC. . ANY BOARDS YOU ARE OR HAVE BEEN A MEMBER OF.

NOMINATION MUST BE ENDORSED BY TWO ACTIVE MEMBERS OF THE MICHIGAN ANTIQUE ARMS COLLECTORS.

1ST NAME _____

SIGNED _____ **DATE** _____

2ND NAME _____

SIGNED _____ **DATE** _____