

Nomination Form (One per person)
Northern CA Region
Local Associate Leadership

Name: _____ Email: _____

Phone: _____

My nomination choice: _____

Were you able to speak to the person of this nomination? Please do so. Yes _____ No _____

Tell us about the person you are nominating below. Briefly explain why they would be a good member of the Local Associate Leadership. What are their gifts and skills?

Please return a form for each nomination to Judy Borland no later than Friday, April 26, 2019 by email to judy.borland@sbcglobal.net. Thank you for your support.