

## STATE CHAIRPERSON NOMINATION FORM

Please do not include information not requested on this form. All information should be typed or legibly printed. Additional pages should not be attached or submitted. (Qualifications listed in Bylaws Article III Section 4. Position descriptions for each state chairperson position are available at [www.keha.org](http://www.keha.org) in the State Board section.)

Send to: Barbara Seiter, KEHA Secretary, 8669 Valley Circle Drive, Florence, KY 41042

**Forms should be sent by certified mail and must be postmarked no later than thirty (30) days prior to the start of the KEHA Annual Meeting.**

NAME OF NOMINEE \_\_\_\_\_

ADDRESS OF NOMINEE \_\_\_\_\_

COUNTY \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Educational Chairpeople: (Check One)

- |  |   |
|--|---|
| <input type="checkbox"/> Environment, Housing, & Energy<br><input type="checkbox"/> Family & Individual Development<br><input type="checkbox"/> 4-H Youth Development<br><input type="checkbox"/> Leadership Development<br><br><input type="checkbox"/> Marketing and Publicity Chairperson | <input type="checkbox"/> Cultural Arts & Heritage<br><input type="checkbox"/> Food, Nutrition, & Health<br><input type="checkbox"/> International<br><input type="checkbox"/> Management & Safety |
|--|---|

**Offices Held in KEHA – List years served in each office at each level:**

Offices Held:	Local Club	County	Area	State
<b>President</b>				
<b>Vice President</b>				
<b>Secretary</b>				
<b>Treasurer</b>				
<b>Educational Chairperson</b> <i>Please List:</i>				
<b>Committee Chairperson</b> <i>Please List:</i>				

**STATE CHAIRPERSON NOMINATION FORM CONTINUED**

**Personal Sketch of Nominee: (Optional)**

Hobbies \_\_\_\_\_  
\_\_\_\_\_

**Other:** Community organizations in which the nominee has served as a leader/chairperson/officer (list and give offices held), committees served on, awards received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing this form, I verify I'm an active member of KEHA and my dues are current.*

\_\_\_\_\_  
To be signed by the Nominee

Recommendation 1: Additional comments on this nominee from a local Homemaker member. (An ability to assume leadership in Homemakers programs would be of great help, especially in the area you are submitting credentials.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_

Recommendation 2: Additional comments on this nominee from a Homemaker Council member or agent. (An ability to assume leadership in Homemakers programs would be of great help, especially in the area you are submitting credentials.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_

Please do not include any information except this form and do not include additional pages. All information should be included on this form.