



## Ohio Chapter of ICES

### Spring 2019 CHAPTER OFFICER NOMINATION & ACCEPTANCE FORM

I nominate \_\_\_\_\_ to be a candidate for the office of

Representative \_\_\_\_\_ Alternate \_\_\_\_\_ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

I certify that I am a member of ICES in good standing.

Signature of nominator \_\_\_\_\_

Printed name \_\_\_\_\_ Phone \_\_\_\_\_

I accept the nomination to be a candidate for the ICES office of \_\_\_\_\_  
I have read the job description for this office, understand the duties and time commitment involved and agree to perform those duties to the best of my ability if I am elected.

Signature of nominee \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State Ohio Zip + 4 \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Fax number (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

To guarantee that your nomination is received in time to appear on all ballots,  
please return this form, **POSTMARKED or attached to an email BY March 15, 2019**, along with a brief  
Resumé to:

Karen Garback  
5370 Columbia Rd., North Olmsted, OH 44070  
Email: pbkaren@sbcglobal.net

You may use this form to nominate someone else, or yourself. If you are using this form to nominate some other than yourself, and they HAVE NOT accepted the nomination by filling in and signing this form, you MUST have this form in by the deadline, so that the person you wish to nominate can be contacted. They must accept the nomination before we can print their name on the ballot. Nominee may sign the form in person on the day of the election.