



FOMAA

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GENERAL ELECTION OFFICIAL NOMINATION FORM - 2024

For the Term of _____ to _____ (years)

I, Mr./Ms./Mrs. _____ (Full Name). The undersigned, an active member of _____ (Name of the Association) nominate the following person for the position as listed below:

Name of the Position	Nominee's Full Name	Nominee's Contact #	Nominee's Email	Nomination Fees	Check#
President					
Vice President					
General Secretary					
Joint Secretary					
Treasurer					
Joint Treasurer					
R.V.P.					
N.C.M.					
Woman Member					
Youth Member					

R.V.P.=REGIONAL VICE PRESIDENT,

N.C.M.=NATIONAL COMMITTEE MEMBER,

Signature of the Nominating Person: _____ Contact# _____ Email: _____

No individual shall be a delegate, contest or eligible to hold any representative position in FOMAA if he/she a delegate in any other Malayalee Origin of National Federation/Organization in Americas, currently with similar objectives as FOMAA, as a delegate or delegate with voting rights as it shall be a conflict of interest of FOMAA. This is not applicable to Religious, Political, Keralite Regional, and Professional organization.

DECLARATION OF NOMINEE

I certify that all the information I have provided to FOMAA is true and accurate and understand that in the event any of the information is not true and accurate, FOMAA may remove me as a candidate for the election. I hereby grant FOMAA permission to verify any information that I have provided. I acknowledge that I have read and accept the provisions detailed in FOMAA's by-laws document. I, hereby declare that I am 18 years and older and a legal resident in Americas.

Signature of the Nominee: _____ Contact#: _____ Email: _____

CERTIFICATION OF MEMBER ASSOCIATION

We, the undersigned officers, hereby certify that the above nominee is active member of our organization and he/she has been designated as a delegate to represent our organization at the upcoming FOMAA General Body meeting. We acknowledge that we have read and accept the provisions detailed in the FOMAA's by-laws articles # III & V.

Name of the Organization : _____ State: _____

Name of the President : _____ Signature: _____ Date: _____ Contact# _____

Name of the Secretary : _____ Signature: _____ Date: _____ Contact# _____