



GENERAL ELECTION OFFICIAL NOMINATION FORM

For the Term of _____ to _____ (years)

I, _____ (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					
N.A.C. Chair					
N.A.C. Vice Chair					
N.A.C. Secretary					
N.A.C. Joint Secretary					
J.C. Member					

R.V.P. = REGIONAL VICE PRESIDENT, N.C.M. = NATIONAL COMMITTEE MEMBER, N.A.C. = NATIONAL ADVISORY COUNCIL, J.C. = JUDICIAL COUNCIL MEMBER

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

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 the 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/shee have 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# _____



NATIONAL ADVISORY COUNCIL DELEGATE LIST

NAME OF THE ORGANIZATION : _____

NAME OF FOMAA REGION : _____

Delegate's SL#	Current President/Past Immediate President or Delegate's Full Name	Delegate's Contact#	Delegate's Email
01			
02			

CERTIFICATION OF MEMBER ASSOCIATION

We, the undersigned officers hereby certify that the above delegates are active members of our organization and they have been designated as delegates 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 by-laws.

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

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