

# Nomination Form for ISCJ Election 2017

ISCJ Voting Member Name \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

ISCJ Voting Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby nominate the following individual(s) for the following position(s).

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## **Nomination 1**

Name of Nominee: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Indicate Position for nomination (Board of Trustees or Board of Overseers): \_\_\_\_\_

Nominee Qualifications: \_\_\_\_\_

\_\_\_\_\_  
*(THIS SECTION FOR OVERSEERS USE ONLY)* Eligibility and Acceptance of Nomination to be verified by the Overseers based on ISCJ Constitution eligibility criteria.  
Eligible / Ineligible

Overseer Signature: \_\_\_\_\_

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## **Nomination 2**

Name of Nominee: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Indicate position for nomination (Board of Trustees or Board of Overseers): \_\_\_\_\_

Nominee Qualifications: \_\_\_\_\_

\_\_\_\_\_  
*(THIS SECTION FOR OVERSEERS USE ONLY)* Eligibility and Acceptance of Nomination to be verified by the Overseers based on ISCJ Constitution eligibility criteria.  
Eligible / Ineligible

Overseer Signature: \_\_\_\_\_

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## **Nomination 3**

Name of Nominee: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Indicate position for nomination (Board of Trustees or Board of Overseers): \_\_\_\_\_

Nominee Qualifications: \_\_\_\_\_

\_\_\_\_\_  
*(THIS SECTION FOR OVERSEERS USE ONLY)* Eligibility and Acceptance of Nomination to be verified by the Overseers based on ISCJ Constitution eligibility criteria.  
Eligible / Ineligible

Overseer Signature: \_\_\_\_\_

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## **Nomination 4**

Name of Nominee: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Indicate position for nomination (Board of Trustees or Board of Overseers): \_\_\_\_\_

Nominee Qualifications: \_\_\_\_\_

**(THIS SECTION FOR OVERSEERS USE ONLY)** Eligibility and Acceptance of Nomination to be verified by the Overseers based on ISCJ Constitution eligibility criteria.  
Eligible / Ineligible

Overseer Signature: \_\_\_\_\_

## **Nomination 5**

Name of Nominee: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Indicate position for nomination (Board of Trustees or Board of Overseers): \_\_\_\_\_

Nominee Qualifications: \_\_\_\_\_

**(THIS SECTION FOR OVERSEERS USE ONLY)** Eligibility and Acceptance of Nomination to be verified by the Overseers based on ISCJ Constitution eligibility criteria.  
Eligible / Ineligible

Overseer Signature: \_\_\_\_\_

**This form may be photocopied and feel free to use attachments if more space is required.**