Nomination Form of Director to the MSFCCA Board of Directors

Association Name: _____ Date: _____

Association President: _____ Phone: _____

Address: _____Email: _____

City, State, Zip _____FAX: _____

MSFCCA Director Designation: STRONGLY RECOMMENDED/ENCOURAGED

☐ _____ is hereby designated and has agreed to serve as a Director of MSFCCA. Before the Director nominee accepts the nomination, please make sure they read the attached Duties and Liabilities of Directors. They will be required to attend three of the four quarterly meetings. They are also asked to serve one or more MSFCCA Committees. It is a liaison position where they should report directly to their Association Board of Directors and have the vote for their local association members.

Address of Director Designee:

_____

Phone #: _____ **Cell #** _____ **Fax #:** _____

Email: _____

( ) We choose NOT to designate a Director to serve on the Board of the MSFCCA.

Signatures below required:

By: _____ _____
Signature of President Date

As Attested By: _____ _____
Signature of Recording Secretary Date

COMPLETE THIS FORM and MAIL BY March 30th to:

Karen Knabe, 9403 Clocktower Lane, Columbia, MD 21046

E-mail: **kknabe73@gmail.com**