

1 **OFFICER NOMINATION FORM**

2 **OREGON FEDERATION OF SQUARE AND ROUND DANCE CLUBS**

3 (To be used by Clubs and Areas for the purpose of nominating a candidate for an office to the Oregon
4 Federation.)

5 Name of Area _____

6 Approved By: _____ Title: _____

7 Address: _____ Phone: _____

8 HISTORY OF NOMINEE

9 Name of Nominee _____ Spouse _____

10 Address _____ Phone _____

11 Member _____ Square, Round or Clogging Club

12 Danced _____ years; Caller? _____ Cuer? _____

13 Square Dance teacher? _____ Round Dance teacher? _____

14 For the nominee, which offices have been held, and for how long?

15 Club: _____

16 Area: _____

17 State: _____

18 Relevant Education/Training: _____

19 _____

20 Occupation: Nominee: _____

21 Spouse _____

22 Attended: Area Council Meetings: Yes ___ No ___ ; Federation Meetings: Yes ___ No ___

23 Free to travel on weekends: Yes ___ No ___

24 The Nominee would be willing to be nominated for the following Oregon Federation elected offices
25 (indicate order of preference):

26 _____ 1st Vice President (Pres elect) _____ Treasurer

27 _____ 2nd Vice President _____ Membership Chairman

28 _____ Secretary

29 For the nominee's partner, which offices have been held, and for how long?

30 Club: _____

31 Area: _____

32 State: _____

33 Signature of Nominee appearing below signifies his/her approval to accept a nomination of the office
34 indicated above in the OREGON FEDERATION OF SQUARE AND ROUND DANCE CLUBS, with full
35 understanding that, should they win the nomination and their name appears on the original ballot, they
36 have hereby agreed to accept full responsibility of this office to the best of their ability.

37 Signed _____ Date _____

38 **Please supply a digital photo for use in the OFN and State Directory.**