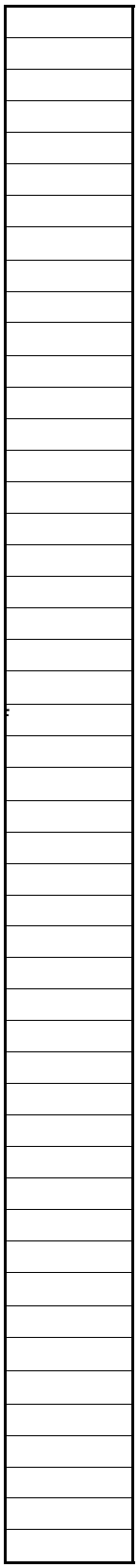
Name:		
Home Address:		
Duty Location/Address:		
Job Title:		Organization:
Home Phone:	Work Phone:	Cell Phone:

Membership Category (please circle one):	Active	Retired	Lifetime-Retired

NBCFAE Region:	NBCFAE Chapter:
Previous positions held in NBCFAE:	
Vacant NBCFAE position Nomination/Acceptance Form is for:	

Qualifications, knowledge and skills you have that are pertinent to this position: (Please include dates o
specialized experience, range of knowledge, and other characteristics that makes you the best
candidate for this vacant office)
Please share proposed plans you have for the office you are seeking:
Basic eligibility for candidacy will be determined from this form by the NBCFAE Membership
Committee. Candidate Nomination/Acceptance Form must be complete, information up-to-date,
signed and postmarked by the due date. This form is accepted by E-mail or postal mail only.
Signature:
Date:

Do not write below, to be used for Membership purposes.	
Date Candidate Nomination/Acceptance Form received in the mail:	
Complete/Incomplete	Postmarked by due date/Not postmarked by due date
Signed/Not signed	Date candidate notified: