



Complete in Triplicate

**NOMINATION COMMITTEE FORM  
CHAPTER OFFICIAL RECOMMENDATION**

Recommendation for office of \_\_\_\_\_

Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of years affiliated with CHARMS, Inc.: \_\_\_\_\_

Present Position:

National: \_\_\_\_\_

Local: \_\_\_\_\_

Position(s) previously held:

National: \_\_\_\_\_

Local: \_\_\_\_\_

Community interests and activities at present:

\_\_\_\_\_  
\_\_\_\_\_

Comments: List those skills and qualifications, which you feel make this candidate eligible for this position. Use back of form if necessary.

**SUBMITTED BY:** \_\_\_\_\_  
(Name) (Position)