

SCHEDULE 3 – STATE OFFICER NOMINATION FORM

CANDIDATE INFORMATION

FULL NAME	
RESIDENTIAL ADDRESS	
TELEPHONE NUMBER	
BRANCH	
MEMBERSHIP NUMBER	
STATE OFFICE NOMINATING FOR	
TEAM NAME (if any)	

NOMINATOR INFORMATION

at least **two** Financial Industrial Members entitled to vote in an election for the State Office identified above.

We, the undersigned, nominate the person named above for the State Office named above.

FULL NAME	MEMBERSHIP NUMBER	SIGNATURE

CANDIDATE'S CONSENT

I, _____ (print your name)
consent to the nomination for the above State Office.

Signed:

