

**NOMINATION FORM FOR CALIFORNIA WORKFORCE CONNECTION OFFICERS FOR 2023-2024**

Nominator: \_\_\_\_\_

I hereby nominate \_\_\_\_\_ for the California Chapter office of: \_\_\_\_\_.

By: \_\_\_\_\_

Signature of Nominator

\_\_\_\_\_

Date

\_\_\_\_\_  
Nominator's Local Chapter Name

Nominee:

I hereby accept the nomination for the office of \_\_\_\_\_ in the California Chapter.  
If elected, I will perform the duties of this office to the best of my abilities. I have notified my supervisor of my nomination, or I will give such notification within 30 days of my nomination.

By: \_\_\_\_\_

Signature of Nominee

\_\_\_\_\_

Date

\_\_\_\_\_  
Nominee's California Chapter Name

If the office to which you have been nominated requires eligibility criteria, please indicate how you meet those criteria.

Submit completed form to: Melissa Lauritzen, Immediate Past President at [Ldrinfo@yahoo.com](mailto:Ldrinfo@yahoo.com)

Nominate candidates for President, First Vice-President, Second Vice-President, Treasurer, Membership Coordinator, or Karl E. Bybee Board Member.