

**NOMINATION FORM FOR CALIFORNIA WORKFORCE CONNECTION OFFICERS FOR 2024-2025**

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 that criteria.

Submit completed form to: James Thomas, Immediate Past President Zelodis@att.net

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