

ISGH Election 2009 Nomination Form (For Associate Director Position)

General Instructions:

- 1) Please read the instructions on this form and the enclosed guidelines carefully and fill out the Nomination Form accordingly. Incomplete or inaccurate form may cause delays and/or outright rejection of the Nomination Form by the Election Commission.
- 2) Do **NOT** nominate an eligible member for more than **ONE** position.
- 3) Nomination Form **MUST** reach or be delivered to ISGH Main Center or to an EC member on or before **12:00 Noon, Sunday, October 25, 2009**
- 4) Please consult with the nominee and obtain his/her consent and signatures below before submitting any nomination.

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(PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION BELOW ON THIS FORM)

Nomination for the Associate Director (AD) of: _____
(Name of Islamic Center)

Information about Associate Director Nominee:

Name: _____ Membership #: _____ Phone: _____

Zone: _____ Islamic Center: _____ Zip: _____ E-mail: _____

I, _____ Membership # _____ hereby ACCEPT this nomination
for the position of AD of _____ and agree to abide by all rules & regulations of ISGH.
(Name of Islamic Center)

Signature _____ Date _____

Information about Nominator who is nominating above individual:

Name: _____ Membership #: _____ Phone: _____

Zone: _____ Islamic Center: _____ Zip: _____ E-mail: _____

As a nominator, I have read and understood the qualifications for nominees for the position of Associate Director. I have contacted the above nominee about this nomination and have obtained the required consent as evidenced by signature above.

Signature _____ Date _____