



OFFICIAL NOMINATION FORM

I, _____, wish to run for _____ .
Print Name Office
in the _____ AANR election.
Year

My signature on this form attests to the following:

- I am a voting member of AANR in good standing and have been for at least two years.
- I agree to be named in full and am willing to have my full name used for public purposes.
- I have reviewed the AANR ruling documents and will support them if elected.
- I will act in the best interests of AANR as a whole in all my dealings with the Board of Trustees.
- I know I need 10 or more endorsements from AANR Voting Members to be placed on the ballot.

Signature _____ E-mail Address _____

Street Address/POB _____

City, State/Province, Zip/Postal Code _____

AANR P Number _____ Daytime Phone Number _____

Voting Member Endorsements

Please **clearly** print your name/address (as on file in the AANR office) and your AANR P number, if known. If your number is unknown, we must have your complete name/address to verify your membership.

1. Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

2. Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

3. Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

4. Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

5. Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

6. Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

7. Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

8. Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

9. Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

10. Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

Additional forms may be used if more endorsements are received.

The deadline for submission of this form is March 10 of the election year.

The signed portion must be mailed to AANR, 1704 North Main Street, Kissimmee FL, 34744-3396, FAXed to (407)933-7577 or scanned to *elections@aanr.com*.

Endorsements may be mailed, FAXed, scanned or submitted electronically to *elections@aanr.com*. Endorsements not submitted on this form must include the name of the candidate being endorsed and all other information requested above.