

REGIONAL TRUSTEE NOMINATION FORM



I, _____, wish to run for Regional Trustee from _____
Print Name _____ Name of Region _____
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 am a member of the region named above.
- 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 _____

Endorsements

Please **clearly** print your name and address (as it is on file in the AANR office) and your AANR P number, if known. If your number is not known, we must have your complete name and address to verify your membership.

1. Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

2. Name: _____

P Number: _____

Address: _____

Email Address: _____

Date: _____

3. Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

4. Name: _____

P Number: _____

Address: _____

Email Address: _____

Date: _____

5 Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

7 Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

9 Name: _____

P Number: _____

Address: _____

E-mail Address: _____

Date: _____

6 Name: _____

P Number: _____

Address: _____

Email Address: _____

Date: _____

8 Name: _____

P Number: _____

Address: _____

Email Address: _____

Date: _____

10 Name: _____

P Number: _____

Address: _____

Email Address: _____

Date: _____

Additional forms may be used if more endorsements are received.

The deadline for submission of this form is March 15 of the election year.

The signed portion must be mailed to AANR, 1704 North Main Street, Suite E, Kissimmee FL, 34744-3396 or FAXED to (407)933-7577.

Endorsements may be mailed, FAXED or submitted electronically to bulletinads@aanr.com.

Endorsements not submitted on this form must include the name of the candidate being endorsed and all other information requested above.