

# REGIONAL TRUSTEE NOMINATION FORM



I, \_\_\_\_\_, wish to run for Regional Trustee from \_\_\_\_\_  
in the \_\_\_\_\_ AANR election.  
Print Name Name of Region  
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: \_\_\_\_\_

6 . Name: \_\_\_\_\_

P Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

7 Name: \_\_\_\_\_

P Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

8 . Name: \_\_\_\_\_

P Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

9 Name: \_\_\_\_\_

P Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
E-mail 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.**