

NBCS - Executive Committee Member Nomination Form

Term of the Committee: 1/1/2024 - 12/31/ 2025

Nomination Submission Date: _____

1 Nomination for the Position : _____

2 Name of the Candidate (PRINT) : _____

3 Email Address : _____

4 Phone Number : _____

5 Current Position with NBCS : _____

6 Membership Fee paid for 2022 & 2023 : Yes _____ No _____

7 Member of NBCS Since (Date): _____

8 Current Employment Status: Active _____ Retired: _____

9 Present/Last Employment Title : _____

10 Department/ Agency Name : _____

11 Work Location : _____

I am certifying that the above information is accurate and correct in my knowledge

Signature of the Candidate: _____ Date: _____
