



EPSILON SIGMA ALPHA

INTENT TO NOMINATE FORM

KANSAS STATE COUNCIL

Name: _____ Member #: _____

Address: _____ City: _____ Zip: _____ E-Mail Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Birthday: _____ Husband's Name: _____ Anniversary: _____

Chapter Name & Number: _____ Town: _____

District: _____ Year Received Jewel Pin: _____ Level of Pallas Athene Degree: _____

State Dues Paid: _____ Chapter Booster Fee Paid: _____

Number of Conventions Attended: State: _____ **MARC:** _____ **IC:** _____

Service on the Kansas State Council: _____

Chapter & District Involvement & Service: _____

Service on the MARC Board: _____

Additional Sorority Service & Honors: _____

Occupational Involvement & Honors: _____

Family & Community Involvement: _____

Our chapter wishes to place this name in nomination for the office of: _____

Signed _____
Chapter President

This form is not binding. The information will be used in the "News & Views". Please enclose two photos of candidate: 1-5x7, 1 wallet-size. Deadline for the form is WINTER BOARD MEETING. This candidate indicates her willingness to accept this nomination by her signature.

I accept this nomination: _____
Signature of Candidate