

Islamic Society of Augusta (ISA)

Nomination Form 2019

NOMINEE

First and last name of the Nominee

--

POSITION (Check only one):

Executive Committee:

- | | |
|--|---|
| <input type="checkbox"/> President | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Program Coordinator |
| <input type="checkbox"/> Education Secretary | <input type="checkbox"/> Women's representative |

Board of Trustees

- Member

	First and Last Name	Signature	Date
Nominating Member			
Nomination Secoded by			
Acceptance by the Nominee			

Please complete the Eligibility Statement Form.