



**Missouri State Council of ESA International**  
**MSC Officer Nomination Form**

*(Please complete one Nomination Form for each Candidate submitted)*

<b>Elective Officers:</b>	President	Recording Secretary
	President Elect	Corresponding Secretary
	Vice President	Parliamentarian
	Treasurer	Workshop Coordinator

**Office for which nominated:** \_\_\_\_\_  
*(Review Article XI of the MSC By-Laws for eligibility)*

**Personal Information**

Candidate’s Name: \_\_\_\_\_ Spouse’s Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Chapter Name: \_\_\_\_\_ Chapter No.: \_\_\_\_\_  
 Member No.: \_\_\_\_\_ Joined ESA In: \_\_\_\_\_  
 Received First Pearl Award: \_\_\_\_\_ Pallas Athena Degree: \_\_\_\_\_  
 Number Conventions Attended: MSC \_\_\_\_\_ MARC \_\_\_\_\_ IC \_\_\_\_\_

**Offices Held by Candidate**

Chapter: \_\_\_\_\_  
 City Council: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Midwest Area Regional Council: \_\_\_\_\_  
 International: \_\_\_\_\_

**Signatures**

_____ <b>Candidate</b>	_____ <b>Date</b>		
_____ <b>Chapter President</b>	_____ <b>Date</b>	_____ <b>Chapter Secretary</b>	_____ <b>Date</b>

Mail completed form to: Ruth Williams  
 421 South Duchesne Drive  
 St. Charles, MO 63301  
 C – 636-751-0269  
 Ruthannwms7@gmail.com

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Nomination Form must be received by **February 3**. Nominations are open until the President states they are closed during the First General Assembly at the annual Convention.