OFFICIAL NOMINATION/ACCEPTANCE FORM
FOR NATIONAL OFFICE

I, __________________________________________     Branch No. ________________
City ________________________________________     State _____________________
Nominate ___________________________________      Of Branch No. _____________
City ________________________________________     State _____________________

for the position of ___________________________________________________
for the four year term ending in 2022. This nomination is endorsed by the following deleges representing five Branches:

ENDORSEMENTS

1. NAME _____________________   SIGNATURE _________________________ BRANCH NO. ____
2. NAME _____________________    SIGNATURE _________________________ BRANCH NO. ____
3. NAME _____________________    SIGNATURE _________________________ BRANCH NO. ____
4. NAME _____________________    SIGNATURE _________________________ BRANCH NO. ____
5. NAME _____________________    SIGNATURE _________________________ BRANCH NO. ____

Signed __________________________________________________________________ Branch No. ____________
Nominator
Date __________________________________

WRITTEN ACCEPTANCE
Electronic Signatures Are Not Acceptable

I, _______________________________________          Branch No. ____________
City _____________________________________          State _________________

accept nomination for the position of ___________________________________________
for the four year term ending in 2022, and authorize my name to appear as a candidate for said position on
the Official Election Ballot. I certify that I have not served in a supervisory capacity for the 24 months
prior to this nomination.

Signed __________________________________

Date ____________________________________