



## OFFICIAL NOMINATION FORM

I, \_\_\_\_\_, wish to run for \_\_\_\_\_ .  
Print Name Office  
in the \_\_\_\_\_ AANR election.  
Year

My signature on this form attests to the following:

- I am a voting member of AANR in good standing and have been for at least two years.
- I agree to be named in full and am willing to have my full name used for public purposes.
- I have reviewed the AANR ruling documents and will support them if elected.
- I will act in the best interests of AANR as a whole in all my dealings with the Board of Trustees.
- I know I need 10 or more endorsements from AANR Voting Members to be placed on the ballot.

Signature \_\_\_\_\_ E-mail Address \_\_\_\_\_

Street Address/POB \_\_\_\_\_

City, State/Province, Zip/Postal Code \_\_\_\_\_

AANR P Number \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

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### Voting Member Endorsements

Please **clearly** print your name/address (as on file in the AANR office) and your AANR P number, if known. If your number is unknown, we must have your complete name/address to verify your membership.

1. Name: \_\_\_\_\_

P Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

2. Name: \_\_\_\_\_

P Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

3. Name: \_\_\_\_\_

P Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

4. Name: \_\_\_\_\_

P Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

5. Name: \_\_\_\_\_

P Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

6. Name: \_\_\_\_\_

P Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

7. Name: \_\_\_\_\_  
P Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Date: \_\_\_\_\_

9. Name: \_\_\_\_\_  
P Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Date: \_\_\_\_\_

8. Name: \_\_\_\_\_  
P Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Date: \_\_\_\_\_

10. Name: \_\_\_\_\_  
P Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Date: \_\_\_\_\_

*Additional forms may be used if more endorsements are received.*

**The deadline for submission of this form is March 15 of the election year.**

**The signed portion must be mailed to AANR, 1704 North Main Street, Kissimmee FL, 34744-3396, FAXed to (407)933-7577 or scanned to *elections@aanr.com*.**

**Endorsements may be mailed, FAXed, scanned or submitted electronically to *elections@aanr.com*. Endorsements not submitted on this form must include the name of the candidate being endorsed and all other information requested above.**