

WORLD MALAYALEE COUNCIL

Office of the Nomination & Election Commission

Chief/Member/Agent Name: _____

Email: Tel: Fax: _____

Last date to receive Nominations: _____

NOMINATION OF CANDIDATE FOR OFFICE

We, the undersigned members of the WMC, nominate

Mrs. /Ms./Mr./Dr. _____ to the position of: (Block Letters)

_____ For the term (years) _____ WMC Global Council

_____ Regional Council _____ Provincial Council _____

Name of Nominator* _____ Signature of the Nominator _____ Date _____

Position in WMC _____ Name of Province _____ Name of Region _____

Nomination seconded by (Name) ** _____ Signature _____ Date _____

Name of the Province: _____ Position in Province EC _____

* Nomination shall be made by a member of WMC.

** Nomination shall be seconded by a member of the Executive Council of Candidate's membership the Province...

CANDIDATE'S CONSENT & PLEDGE

I, _____ Member of _____ Province residing

at _____

consent to be a candidate for the office of _____

Global/Regional/Provincial Executive Council of the WMC. If elected, I shall uphold the mission of the WMC and abide by its bylaws.

Signature of the Candidate: _____ Date: _____

Certification of Membership in WMC

Mrs./Ms./Mr./Dr. _____ is a bona fide member of

_____ Province in _____ Region.

Name of President/Secretary _____

Signature _____ Date: _____

Candidate's current and previous positions in WMC

Current Position in WMC _____

Previous Positions held with Years _____

Vision Statement by the Candidate

Attach the vision statement in a separate sheet (not to exceed one page) with candidate's name and position nominated

OFFICE USE ONLY

Nomination Received on _____ Position _____ Nomination accepted: YES NO

Date of Election _____ Place of Election _____ Elected Yes No

Name of the Chief/ NEC member/agent _____

Signature _____ Date: _____