

ISGH Election 2009 Nomination Form (For Area Representative Positions)

General Instructions:

- 1) Please read the instructions on this form and the enclosed guidelines carefully and fill out the Nomination Form accordingly. Incomplete or inaccurate form may cause delays and/or outright rejection of the Nomination Form by the Election Commission.
- 2) Do **NOT** nominate an eligible member for more than **ONE** position.
- 3) Nomination Form **MUST** reach or be delivered to ISGH Main Center or to an EC member on or before **12:00 Noon, Sunday, October 25, 2009**
- 4) Please consult with the nominee and obtain his/her consent and signatures below before submitting any nomination.
- 5) For Area Rep position you may submit two (2) names if you reside in a zip code grouping that allows for two (2) Area Reps. Please consult the zip code grouping information. EC will accept allowed number of Area Rep nominations (1 or 2) **in the order listed below.**

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(PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION BELOW ON THIS FORM)

Information about AR Nominee:

Name: _____ Membership #: _____ Phone: _____

Zone: _____ Islamic Center: _____ Zip: _____ E-mail: _____

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I, _____ Membership # _____ hereby ACCEPT this nomination
for the position of AR from Zip Code _____ and agree to abide by all rules & regulations of ISGH.

Signature _____ Date _____

(USE THIS SECTION ONLY IF THE ZIP CODE YOU RESIDE IN OR THE ZIP CODE GROUPING YOU ARE PART OF ALLOWS FOR TWO AREA REPS)

Information about 2nd AR Nominee (Use only if applicable):

Name: _____ Membership #: _____ Phone: _____

Zone: _____ Islamic Center: _____ Zip: _____ E-mail: _____

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I, _____ Membership # _____ hereby ACCEPT this nomination
for the position of AR from Zip Code _____ and agree to abide by all rules & regulations of ISGH.

Signature _____ Date _____

Information about Nominator who is nominating above individual(s):

Name: _____ Membership #: _____ Phone: _____

Zone: _____ Islamic Center: _____ Zip: _____ E-mail: _____

As a nominator, I have read and understood the qualifications for Area Representative nominees. I have contacted the above nominee(s) about the nomination(s) and have obtained the required consent as evidenced by signature(s) above.

Signature _____ Date _____