AREA REP

ISGH Election 2021

NOMINATION & ACCEPTANCE FORM FOR AREA REPRESENTATIVES

(For Area Representatives, nominate a member who is residing in **your zip code area or zip code group**. Maximum number of Area Representatives from any one postal zip code area or grouping is controlled by total number of voting members in the zip code or grouping. The list of Zip Code groupings and the number of representatives is published separately on the ISGH website. From any one nominating member, Election Commission will accept ONLY the allotted number of nominations **in the order received and at the discretion of the EC.**

A separate Nomination & Acceptance Form for each Area Representative nominee must be filled out and received by the Election Commission by 12:00 Noon, on October 17, 2021. Paper nominations maybe mailed or dropped at Main center. Nominations can be sent as attachment to: **2021ECISGH@gmail.com**

Persons having committed a State or Federal felony offense are **NOT** eligible for nomination

(PLEASE, PLEASE , PLEASE, PRINT OR TYPE ALL REQUESTED INFORMATION)

I the undersigned nominator hereby nominate the following ISGH member as AREA REP from Zip Code or Zip Code Grouping designated as _____ in the Zip Code Groups list published by ISGH EC 2021.

Name of Nominee: _____
First Middle Last

Telephone: ( ) _____ E-mail _____

Who resides in Zip Code _____ of _____ IC.

My information as Nominator is below. *, I have read and understood the qualifications for nominees. I have contacted the above nominee about this nomination and have obtained the required consent as evidenced by the below Acceptance from nominee*

Name: _____Zip & IC: :_____
[PLEASE PRINT NOMINATOR FULL NAME]

Signature: _____ Date: _____

Telephone: ( ) _____ E-mail _____

Acceptance of Nomination for 2021 ISGH Elections

I, (Print Nominee full name) _____ of

Zone: _____ Islamic Center:_____ Zip Code:_____

ACCEPT the nomination for the position of **AREA REPRESENTATIVE** and hereby agree to abide by all provisions, rules, and regulations of ISGH regarding the elections.

Signature_____ Date _____

Note: **PLEASE, YOU MUST INCLUDE A COPY OF DRIVER LICENSE/ID (of the Nominee)**

YOUTH AR

ISGH Election 2021

NOMINATION & ACCEPTANCE FORM FOR YOUTH AREA REPRESENTATIVE

(For YOUTH Area Representatives, nominate a member who is residing in **your Islamic Center** and is 18 to 24 years old as of the General Election day. This is ONLY applicable if the allowed Area Reps in your Islamic Center are more than 10, without including the YOUTH or SISTER Area Reps.)

Properly completed nomination form for YOUTH Area Representative
must be received by the Election Commission by 12:00 Noon, on October 17, 2021
Paper nominations maybe mailed or dropped at Main center. Nominations cane be sent as attachment to **2021ECISGH@gmail.com**

Persons having committed a State or Federal felony offense are **NOT** eligible for nomination
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(PLEASE, PLEASE , PLEASE, PRINT OR TYPE ALL REQUESTED INFORMATION)

I the undersigned nominator hereby nominate the following ISGH member as YOUTH AREA REP from my Islamic Center since my Islamic Center has more than 10 Area Representatives.

Name of Nominee: _____
First Middle Last

Telephone: ( ) _____ E-mail _____

Who resides in Zip Code _____ of _____ IC.

My information as Nominator is below. *I have read and understood the qualifications for nominees. I have contacted the above nominee about this nomination and have obtained the required consent as evidenced by the below Acceptance from nominee. I further declare that I reside in the same IC as the Nominee and that the Nominee meets the age requirements.*

Nominator Name: _____ IC :_____

Signature: _____ Date: _____

Telephone: ( ) _____ E-mail _____

Acceptance of Nomination for 2021 ISGH Elections

I, (Print Nominee full name) _____ of

Zone: _____ Islamic Center:_____ Zip Code:_____

ACCEPT the nomination for the position of **YOUTH AREA REPRESENTATIVE** and hereby agree to abide by all provisions, rules, and regulations of ISGH regarding the elections. I declare that I qualify for this nomination as per the age restrictions.

Signature_____ Date _____

Note: **PLEASE, YOU MUST INCLUDE A COPY OF DRIVER LICENSE/ID (of the Nominee)**

SISTER AR

ISGH Election 2021

NOMINATION & ACCEPTANCE FORM FOR SISTER AREA REPRESENTATIVE

(For SISTER Area Representatives, nominate a sister member who is residing in **your Islamic Center** . This is ONLY applicable if the allowed Area Reps in your Islamic Center are more than 10, without including the SISTER or YOUTH Area Reps.)

Properly completed nomination form for SISTER Area Representative
must be received by the Election Commission by 12:00 Noon, on October 17, 2021
Paper nominations maybe mailed or dropped at Main center. Nominations cane be sent as attachment to **2021ECISGH@gmail.com**

Persons having committed a State or Federal felony offense are **NOT** eligible for nomination
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(PLEASE, PLEASE , PLEASE, PRINT OR TYPE ALL REQUESTED INFORMATION)

I the undersigned nominator hereby nominate the following ISGH member as SISTER AREA REP from my Islamic Center since my Islamic Center has more than 10 Area Representatives.

Name of Nominee: _____
First Middle Last

Telephone: ( ) _____ E-mail _____

Who resides in Zip Code _____ of _____ IC.

My information as Nominator is below. *I have read and understood the qualifications for nominees. I have contacted the above nominee about this nomination and have obtained the required consent as evidenced by the below Acceptance from nominee. I further declare that I reside in the same IC as the Nominee.*

Nominator Name: _____IC :_____

Signature: _____ Date: _____

Telephone: ( ) _____ E-mail _____

Acceptance of Nomination for 2021 ISGH Elections

I, (Print Nominee full name) _____ of

Zone: _____ Islamic Center:_____ Zip Code:_____

ACCEPT the nomination for the position of **SISTER AREA REPRESENTATIVE** and hereby agree to abide by all provisions, rules, and regulations of ISGH regarding the elections.

Signature_____ Date _____

Note: **PLEASE, YOU MUST INCLUDE A COPY OF DRIVER LICENSE/ID (of the Nominee)**

AT LARGE AR

ISGH Election 2021

NOMINATION & ACCEPTANCE FORM FOR AT LARGE AREA REPRESENTATIVE

(For AT LARGE Area Representatives, nominate a member who is residing in **your Islamic Center.** This is ONLY applicable if the allowed Area Reps in your Islamic Center, without counting AT LARGE AREA REP(s) are less than 4.)

Properly completed nomination form for AT LARGE Area Representative
must be received by the Election Commission by 12:00 Noon, on October 17, 2021
Paper nominations maybe mailed or dropped at Main center. Nominations cane be sent as attachment to **2021ECISGH@gmail.com**

Persons having committed a State or Federal felony offense are **NOT** eligible for nomination
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(PLEASE, PLEASE , PLEASE, PRINT OR TYPE ALL REQUESTED INFORMATION)

I the undersigned nominator hereby nominate the following ISGH member as AT LARGE AREA REP from my Islamic Center since my Islamic Center has less than 4 Area Representatives.

Name of Nominee: _____
First Middle Last

Telephone: ( ) _____ E-mail _____

Who resides in Zip Code _____ of _____ IC.

My information as Nominator is below. *I have read and understood the qualifications for nominees. I have contacted the above nominee about this nomination and have obtained the required consent as evidenced by the below Acceptance from nominee. I further declare that I reside in the same IC as the Nominee.*

Nominator Name: _____IC :_____

Signature: _____ Date: _____

Telephone: ( ) _____ E-mail _____

Acceptance of Nomination for 2021 ISGH Elections

I, (Print Nominee full name) _____ of

Zone: _____ Islamic Center:_____ Zip Code:_____

ACCEPT the nomination for the position of **AT LARGE AREA REPRESENTATIVE** and hereby agree to abide by all provisions, rules, and regulations of ISGH regarding the elections.

Signature_____ Date _____

Note: **PLEASE, YOU MUST INCLUDE A COPY OF DRIVER LICENSE/ID (of the Nominee)**