

ISGH Election 2024

AREA REP

NOMINATION FORM FOR AREA REPRESENTATIVES

For Area Representatives, nominate a member who is residing in **your zip code area or zip code group**. The maximum number of Area Representatives from any one postal zip code area or zip code grouping is controlled by the total number of voting members in the zip code or the zip code grouping.

The list of Zip Code groupings and the number of representatives is published separately on the ISGH website. From anyone nominating member, the Election Commission will accept ONLY the allotted number of nominations, as per the listing published by the EC, **in the order received and at the discretion of the EC.**

If a nominee resides in a zip code or zip code group that allows for more than one Area Rep, a separate Nomination Form coupled with the Acceptance Form for each Area Representative nominee must be filled out and received by the Election Commission by

12:00 Noon, October 20, 2024.

Paper nominations may be mailed or dropped off at the main center. Nominations can also be sent as attachments via email to: **ecisgh@gmail.com**

***REMEMBER:* Each Nomination Form for any Area Rep position MUST be accompanied by the ACCEPTANCE FORM with signatures of the Nominee and copy of his/her photo ID**

(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 2024.

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 attached Acceptance form duly signed by the nominee

Name: _____

Zone/IC/Zip: _____

Telephone: () _____ E-mail _____

Nominator Signature _____ Date _____

ISGH Election 2024



Nomination 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, October 20, 2024**

Paper nominations maybe mailed or dropped at Main center. Nominations can also be sent as attachment via email to: **ecisgh@gmail.com**

REMEMBER: Each Nomination Form for any Area Rep position MUST be accompanied by the ACCEPTANCE FORM with signatures of the Nominee and copy of his/her photo ID

(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 otherwise 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 attached Acceptance form duly signed by the nominee

Name: _____

Zone/IC/Zip: _____

Telephone: () _____ E-mail _____

Nominator Signature _____ Date _____

