

# TACLS

## TACLS NOMINATING FORM

I, \_\_\_\_\_, being a member of TACLS; or \_\_\_\_\_

\_\_\_\_\_, a District Society of TACLS wish to

nominate \_\_\_\_\_

Home Address \_\_\_\_\_

Phone, home:\_(     ) \_\_\_\_\_ work:\_(     ) \_\_\_\_\_

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

as a candidate for the:

TACLS Office of \_\_\_\_\_

TACLS Board of Directors \_\_\_\_\_

TACLS Member-of-the-Year \_\_\_\_\_

TACLS Nominations Committee Member \_\_\_\_\_

TACLS Member-of-the-Year and the Nominations Committee Member(s) must be made by a District Society. All other nominations may be made by any TACLS member.

For all positions **EXCEPT** TACLS Member-of-the-Year, a consent to serve must be secured in writing. For this purpose, ask the nominee to complete the Candidates Information and Consent Form.

Signed \_\_\_\_\_  
Official Position \_\_\_\_\_

**NOTE: AS STATED IN THE TACLS BYLAWS, NOMINATIONS MUST BE POSTMARKED BY DECEMBER 15. THERE CAN BE NO EXCEPTIONS.**

\*\*\*Return this TACLS Nominating Form and Candidates Information and Consent Form

TO: Phillip Kostroun, Nomination Chair  
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