

**INDIANA FEDERATION OF BUSINESS AND PROFESSIONAL
WOMEN'S CLUBS, INC
(INFBPW)**

LOCAL ORGANIZATION ENDORSEMENT FORM
NOMINEE FOR STATE OFFICE

Complete the following information for the elective offices of: **President Elect, Vice President, Secretary, Treasurer, and State Nominating Committee Chairman.**

(Please use an additional page, if necessary, to complete any of the following information.)

INFBPW/_____ recommends for the office of _____

Name _____

Address _____
Street City Zip

Home Phone (_____) _____

Business Phone (_____) _____

Fax (_____) _____

Email Address _____

Occupation _____

Employer _____

Years of Business/Professional Experience _____

Education/Business or Professional Training _____

INFBPW member for _____ years

INFBPW/Local Offices held: _____

Local Chairmanships held _____

District Participation _____

State Participation _____

List your other affiliations and offices held _____

Interest and Leisure Activities _____

Would you, as the nominee, consider any other office? YES _____ NO _____

If yes, which office? _____

I, hereby affirm that I have, and will continue to publicly and officially support the Equal Rights Amendment, the goals, objectives and legislative platform items of INFBPW, and if nominated and elected, I will accept this office.

Signature of Nominee

Date of Endorsement by INFBPW/Local: _____

Signature of Local President

Signature of Local Secretary

Mail completed application and two (2) 5 x 7 photographs to:

State Nominating Chairman
PO Box 33
Knightstown, IN 46148
765-345-9812

DEADLINE: JANUARY 1