



NOMINATION FORM

Texas Region SCCA

We, the undersigned members in good standing in the Texas Region, SCCA, do hereby nominate _____, SCCA member number _____, for the office of _____.

Name: _____ SCCA Member No.: _____ Exp Date: _____
Signature: _____

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Signature: _____

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Signature: _____

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Signature: _____

Name: _____ SCCA Member No.: _____ Exp Date: _____
Signature: _____

Agreement to Serve if Elected

I, _____, do hereby agree to serve faithfully in the Texas Region SCCA office of _____ for the full term of office if elected.

Signature: _____ Date: _____

Address: _____ City/State/Zip: _____
Telephone: _____ E-mail: _____

Return completed nomination forms to the Board Secretary