

# NOMINATION

1. **Name of Nominee:** \_\_\_\_\_
2. **Position:** \_\_\_\_\_
3. **Years in Program:** \_\_\_\_\_
4. **Present Team:** \_\_\_\_\_
5. **Has the Nominee Agreed to Run:** \_\_\_\_\_
6. **Qualifications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

PLEASE RETURN NOMINATION TO: John J. Hager  
9237 Ward Parkway, #330  
Kansas City, MO 64114