Lone Star Region – NMRA Date: _____

Nominating Committee – Biography and Statement

Member Information:
NMRA Number _____ LSR Number _____
Name _____
Address _____
City _____ State _____ Zip _____
Occupation _____
Phone (For Nominating Committee purposes only) _____
E-mail (For Nominating Committee purposes only) _____
Past and Present Related Activities
_____
_____
_____
_____

Describe in 200 words or less your interest and willingness to serve the office you are seeking
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Nominees consent: If elected to the office of _____
I agree to serve the best interest of the membership of the Lone Star Region- NMRA to the best of my ability in accordance with the constitution and by-laws.

Nominee _____

_____
Member, Nominating Committee