



WOMEN'S NINE HOLE GOLF ASSOCIATION

NOMINATION FOR 2021 DIRECTOR

DATE _____

NAME OF CLUB _____

The following name is placed in nomination for Director:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE #1 _____ circle (home work mobile)

TELEPHONE #2 _____ circle (home work mobile)

EMAIL _____

QUALIFICATIONS: Please attach a brief resume including golf organization experience.

PERMISSION OF CANDIDATE: I have read the bylaws of the Women's Nine Hole Golf Association. I understand the obligations of a Director and that the term of office is for two years.

(Signature of Candidate)

ENDORSEMENT:

Signature of Delegate _____

Signature of Alternate Delegate _____

OR: We do not wish to submit a nomination for the Board of Directors this year.

Signature of Delegate _____

Signature of Alternate Delegate _____

ALL CLUBS MUST RETURN THIS FORM/RESUME BEFORE AUGUST 13TH

TO: Judi Phillips, WNHGA Nominating Committee, 11337 Scarlet Oak Dr., Oakdale, CA 95361 Email: judyphillips2205@gmail.com Telephone: 209.606.3303 cell