



## KNANAYA CATHOLIC CONGRESS OF NORTHERN CALIFORNIA (KCCNC) NOMINATION FORM

I, \_\_\_\_\_ (Name of member), do hereby nominate  
\_\_\_\_\_ (Name of candidate) for the position of  
\_\_\_\_\_ (Position title).

My Address: ..... City..... Zip Code.....

Phone (.....)..... Email:.....

Signature..... Date.....

**CANDIDATE DETAILS:** I, \_\_\_\_\_ (Name of candidate), do hereby consent  
to be nominated and intend to run for the position of \_\_\_\_\_ (Position title).

ADDRESS: ..... City..... Zip Code.....

House Name .....

Phone (.....)..... Cell Number (.....).....

Email:.....

Signature..... Date.....

**WITNESS DETAILS:** I, \_\_\_\_\_ (Name of person seconding), am witness to and second  
the nomination of \_\_\_\_\_ (Name of candidate) for the position of \_\_\_\_\_ (Position title).

ADDRESS: ..... City..... Zip Code.....

Phone (.....)..... Cell Number (.....).....

Email:.....

Signature..... Date.....

\*All incomplete nomination forms will be rejected.

For Office Use ONLY: Election Committee opened on (Date).....

Updated-06/20/2021