

Petition Form

Note: Nomination Acceptance Statement must be submitted with this form.



Nominee Information:

Name:	
Address:	
City, ST Zip:	
Phone:	
Email:	
Current LCBA member:	<input type="checkbox"/> yes <input type="checkbox"/> no (must be willing/able to become a member)

The following LCBA adult benefit members in good standing support this nomination:

Name	Address <i>(with City, ST Zip)</i>	Phone/Email	Branch	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Name	Address <i>(with City, ST Zip)</i>	Phone/Email	Branch	Signature
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Submit this form and the Nominee Data and Acceptance Statement to the attention of Eileen Lydon at the address listed below.

