

OHIO SOCIETY CHILDREN OF THE AMERICAN REVOLUTION 2021-2022 STATE OFFICER NOMINATION FORM

This form has been prepared to assist the members of the Nominating Committee in selecting qualified candidates for state office. Please complete this form in as much detail as possible to provide the Nominating Committee a full description of your qualifications. Information can/will be checked against O.S.C.A.R. records for accuracy. **Completion of this form does not guarantee that you will be nominated for state office, and it does not obligate the committee in any way.** Members not nominated by the Committee may run for office from the floor.

To be eligible to be a candidate for state office, a member must meet **ALL** of the following qualifications:

1. For the office of State President, a member shall have served as a president, first vice president, or vice president of a local society and at least one term as a State Officer. To be eligible for other state offices, a member shall have served as an officer of a local society.
2. **Current state and national dues have been paid.**

Completed form must be postmarked no later than **December 26, 2020**, and mailed to **Wm. Anthony Robinson; 1995 Ottawa Drive; Circleville, OH 43113-9176.**

Name _____ Address _____
 Telephone Number () _____ Email Address _____ Age _____
 National Number _____ Date of Birth _____ Years in C.A.R. _____ Local Society _____

The following officers are to be elected during State Conference. Please mark with a "1" the office you are most interested in and capable of holding. Mark second and third choices with a "2" and "3". Are you interested in being State President in the future? ___Yes ___No ___Unsure

___ President	___ Chaplain	___ Corresponding Secretary	___ Historian
___ 1st Vice President	___ Recording Secretary	___ Treasurer	___ Librarian
___ 2nd Vice President	___ Organizing Secretary	___ Registrar	___ Curator

Please indicate offices you have already held by marking an "S" for State and/or "L" for local in each applicable office.

___ President	___ Chaplain	___ Corresponding Secretary	___ Historian
___ 1st Vice President	___ Recording Secretary	___ Treasurer	___ Librarian
___ 2nd Vice President	___ Organizing Secretary	___ Registrar	___ Curator

The following is a list of committee chairmanships recognized by the State Society. Please indicate chairmanships you have held by marking an "S" for State and/or "L" for local in each applicable chairmanship.

___ American Heritage	___ Government Studies	___ Public Relations	___ Credentials
___ American History	___ Information Technology	___ National Project	___ Leadership Development
___ American Indian	___ Kids Helping Kids	___ N.S.C.A.R. Soc. in For. Countries	___ Long Range Planning
___ Archives	___ Magazine Fund	___ Tomb of the Unknown Soldier	___ Nominating
___ C.A.R./DAR/SAR/S.R. Relations	___ Membership	___ Veterans	___ Ohio Service Award
___ C.A.R. Magazine & Newsletter	___ National Merit Award	___ Awards	___ Resolutions
___ Conservation	___ Patriotic Education	___ Bylaws	___ State Project
___ Endowment Fund			

REASON FOR SEEKING OFFICE
(Please complete the following sentence.)

I would like to be nominated as a candidate for state office, because...

CONSENT:

I would like to be nominated for election to a state office. If elected to office, I understand that in addition to performing the duties of my office, I am expected to attend the O.S.C.A.R. State Conference, the Summer and Winter Board Meetings, and encouraged to attend any other state events, and the Great Lakes Regional Meeting. My national, state and local dues have been paid. The statements made on this form are true and correct to the best of my knowledge.

 Candidate's Signature Date

PARTICIPATION IN C.A.R. EVENTS

(Please attach additional sheets and provide as much detail as possible.)

1. List your level of participation at each, i.e., delegate, alternate, Page, Aide, Color Bearer, conference chairman or committee member, band or chorus member, State Conferences, Regional Meetings and National Conventions you have attended.
2. List any special C.A.R. experiences that are not documented above.

PARENTAL CONSENT:

I understand the commitments my child will be making if elected to state office and that his/her name, address, phone number, and e-mail address will be printed in the *Buckeye Briefs* (or on the internet in a secure area of the O.S.C.A.R. website), mailed to members and seniors of the Ohio Society and those affiliated with the National Society (as requested for programming purposes or approved by the State Board of Management), and those with subscriptions. My child has permission to become a candidate for state office.

 Parent's Signature Date

