



International Institute of Municipal Clerks

Region Director Nomination Form

Please place my name in nomination for the following office on the IIMC Board of Directors:

Name of Office _____

Name: _____ CMC () MMC ()

Title: _____ Phone: (____) _____ Fax: (____) _____

Municipality: _____

State/Province/County _____ Postal/Zip Code: _____

E-mail Address: _____

I have met the qualifications to be a candidate as follows:

- I have served as a Municipal Clerk for _____ years.
- I have been a member of IIMC for _____ years.
- I have attended the following IIMC Annual Conferences:

Year	City
_____	_____
_____	_____
_____	_____

() I have full support of my municipality.

() I accept full responsibility to uphold the duties of this office.

I certify that the above information is accurate to the best of my knowledge.

Signature

Date

Please attach a recent photograph, a 200 word (maximum) biography, and written support from the legislative governmental body represented by the candidate.