



CAPITAL AREA TAMIL CATHOLIC ASSOCIATION

தலைநகர் பகுதி தமிழ் கத்தோலிக்க சங்கம்

(A registered tax-exempt 501 (c)(3) nonprofit organization)

www.catca.org

Election of Board of Directors 2017-2019

Nomination Form

"This service that you perform is not only supplying the needs of the Lord's people but is also overflowing in many expressions of thanks to God." - 2 Cor 9:12

GUIDELINES

- Nominee should be a registered member of CATCA for at least 6 months prior to **22-April-2017**. Primary nominator and the seconding member should be registered members of CATCA.
- Nomination forms can be submitted in person to any of the nomination committee officers (mentioned below) or emailed to **nomination@catca.org**.
- Nomination committee will only receive forms until **08-March-2017**.
- Withdrawal of nominations must be made in writing and submitted or mailed to reach on or before **23-March-2017**. Elections will be held on 22-April-2017(tentative).

NOMINATION COMMITTEE

Mr. Rajesh Francis [Chair of the committee], (410) 371-8935

Mrs. Jeritta Rajkumar, (703) 309-4156

Mr. Justin Jeyakumar, (410) 903 1976

Mr. (Edison Paul) Gnanasekaran Sakthivel, (443) 487-1834

Mr. Altrine Christopher, (703) 531-8166

PROPOSED NOMINEE:

Name: _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

Filing nomination for: (Please check (✓) only one position –

Use separate form for each nomination)

President: _____

Vice President: _____

Secretary: _____

Joint Secretary: _____

Treasurer: _____

Board of Director: _____

I, _____, hereby give my consent to be nominated for the above chosen position. I understand that my service to CATCA Board is voluntary and in accordance with its Bylaws. Furthermore, I agree to serve in the above chosen position with honesty and integrity, and ensure that my acts of service benefit CATCA community. I will represent CATCA community to the best of my ability, and keeping Christ in heart and mind. I agree to allow CATCA Nomination committee to verify my eligibility in accordance with the by-laws in this regard.

Nominee's Signature:

Date:

PRIMARY NOMINATOR

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

SECONDING MEMBER

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

For Office Use only

Nomination form received date:

Nomination Committee Remarks: