



KERALA CULTURAL SOCIETY

OF METROPOLITAN WASHINGTON

a 501 (c) (3) organization

Election Nomination Form for the Year 2020

(To be completed by the *nominator*)

I, _____, the under signed, nominate _____
for the position of _____

Nominee:	Full Name: _____
	Street Address: _____
	City, State & Zip: _____
	Phone No: (H): _____
	Phone No: (M): _____
Email: _____	

Nominator:

_____ Signature	_____ Date
_____ Name	_____ Phone (H)
_____ Street Address	_____ Phone (M)
_____ City, State & Zip	_____ Email

Secoded by:

_____ Signature	_____ Date
_____ Name	_____ Phone

For Official Use:

Date Received: _____	Date Verified: _____
_____ Signature	_____ Name