

COUNTY EXTENSION ADVISORY COUNCIL
Nomination Form

Nominee: _____

Home Address: _____

County: _____ **Region:** _____

Spouse's Name: _____

Telephone: _____ (Home) _____ (Work) _____ (Cell)

Fax: _____ **Email:** _____

Occupation: _____

Work Address: _____

Number of years of service as an Extension Stakeholder _____

Related Experience: _____

Comments: (What special value or attributes do you think this individual would bring to the Council?) _____

Nominator:

Telephone: _____ **E-Mail:** _____

Submit to:

Regional Extension Director

County Extension Advisory Council Coordinator

