



NOMINATION FORM

State Deputy State Secretary State Treasurer State Advocate
 State Warden Delegate to Supreme Convention (and Select box below)
Select One (1) Box Above

Candidate Submission for elections - Supreme Convention Delegate Nomination

Financial Secretary Chairman/Directors Gary Diocese Caucus
 South Bend/Fort Wayne Diocese Caucus Lafayette Diocese Caucus
 Indianapolis Archdiocese Caucus Evansville Diocese Caucus

Select One (1) Box Above Candidate may only be part of the Diocesan Caucus of their Home Council.

NOMINEE

(Candidate MUST be a 3rd Degree Member in Good Standing)

Candidate Name: _____ Council #: _____ Membership #: _____
 Address: _____ City: _____ Zip: _____
 Telephone: (____) _____ Insurance Member Associate Member
 Spouse Name: _____ E-mail: _____ Date of Birth: _____

Nominated by delegate: _____ Office of Nominator: _____

Council Name: _____ Council #: _____

Phone #: _____ E-mail: _____

Seconded by delegate: _____ Office of Seconded: _____

Council Name: _____ Council #: _____

Phone #: _____ E-mail: _____

***** Section Below to be completed by Indiana State Council for Supreme Council Delegate *****

Delegate Elect: _____