

WISCONSIN HORSE COUNCIL

SELF -NOMINATION FORM FOR AN ELECTED POSITION

(must be a current WHC Director in good standing, with dues paid for the current year)

Name: (printed; required) _____

Signature: (required) _____
*** sending form via e-mail qualifies as your signature ***

You are nominating for which position? _____

Please give a statement as to why you wish to be elected to this position. Include information that illustrates your background, such as work and/or volunteer experiences, involvement, and length of time with WHC, committees on which you have or do serve, etc.

Office Use Only Form received by _____ (signature)

Date _____ Time _____

Submitted via _____ postal mail _____ e-mail _____ in person