Southern Cemetery, Cremation and Funeral Association

**APPLICATION / RECOMMENDATION**

**FOR NOMINATIONS TO THE BOARD OF DIRECTORS**

***Instructions:***

1. To assure consideration by the Nominations Committee and Board of Directors this form must be received by a member of the Nominating Committee, a Director, or the Association Office (PO Box 681053, Marietta, GA 30068) prior to the Board of Directors Meeting on Sunday, August 30th, 2020, preceding the Annual Meeting on August 31st, 2020 at the Hyatt Regency Atlanta, GA. You may scan this application form to the **SCCFA office at** [**sccfa.office@gmail.com**](mailto:sccfa.office@gmail.com) **or mail to SCCFA, PO Box 681053, Marietta, GA 30068**
2. To be eligible for election to the Board, the person must be an active member in good standing, registered and in attendance at the annual meeting at which elected, qualified and willing to serve.

* **Application**. The undersigned active member requests that his/her name be considered for nomination to Board of Directors at the next annual meeting.
* **Recommendation**. The undersigned recommends that the active member described below be considered for nomination to the Board of Directors at the next annual meeting.

***Biographical Data Concerning Applicant / Person Recommended****:*

Name:

Position:

Company:

Address:

Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will serve if selected? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Will attend annual meeting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe experience in cemetery / funeral industry:

\_\_\_\_\_

Describe activities in the Southern Cemetery, Cremation and Funeral Association:

Other qualifications / remarks:

If signed by recommender:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:

Signature of Applicant Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or person submitting recommendation Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_