

# Indiana Federation Mothers of Twins Clubs Officer & Chairman Resumé

Form for consideration by nominating committee for officers & chairs.

Resumé for consideration by nominating committee.

Return to nominating committee by \_\_\_\_\_ (date)

Chair name & address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST SPOUSE'S NAME

\_\_\_\_\_  
STREET CITY STATE, ZIP CODE

\_\_\_\_\_  
MEMBER IN GOOD STANDING OF (CLUB NAME)

\_\_\_\_\_  
STATE OFFICE(S) HELD

\_\_\_\_\_  
STATE COMMITTEE(S)

\_\_\_\_\_  
Local Club Office(s) Held

\_\_\_\_\_  
Local Club Chair(s) Held

\_\_\_\_\_  
Local Club Committee(s)

\_\_\_\_\_  
Office(s) in other organization(s)

\_\_\_\_\_  
State Position desired

I am \_\_\_\_\_ am not \_\_\_\_\_ planning to attend convention next year

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
CLUB PRESIDENT'S SIGNATURE

\_\_\_\_\_  
LOCAL CLUB ADDRESS

References from local club president or other officers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Rec'd \_\_\_\_\_

Chair Initials \_\_\_\_\_