



NOMINATION FORM

Select one of the following:

State Deputy , State Secretary , State Treasurer , State Advocate ,
State Warden , or Delegate to Supreme Convention (and select box below) .

If nomination is for a Delegate to the Supreme Convention being selected at a Diocesan Caucus,
select on of the following:

Evansville Diocese Caucus , Gary Diocese Caucus , Lafayette Diocese Caucus
Fort Wayne / South Bend Diocese Caucus , Indianapolis Archdiocese Caucus .

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: _____

Phone #: _____ Insurance Member Associate Member

Wife's 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: _____