

National Independent Concessionaires Association, Inc. "Together We Can!"

Election Nomination Form

Member Name:	NICA Member Number: Cell Phone:	
Telephone:		
Address:	City:	State: Zip:
I hereby submit my name in nomination for Directors. As a nominee I agree to abid support NICA and agree to abide by all posts.	de by the rules and regulations of the	
Signature:	Date:	
We, the undersigned, as current regular rabove named member to seek election to indicate our voting intentions, but does shadows.	the NICA Board of Directors. We und	derstand that signing this form does not
PRINTED NAME	SIGNATURE	
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Submit all materials by fax to **(813) 803-8460**, mail to **1043 E. Brandon Blvd. Brandon, FL 33511** or email to **nominations@nicainc.org**

COMPLETED FORM(S) AND MATERIALS MUST BE IN THE NICA OFFICE NO LATER THAN MAY 25th

Nominees must also include a biography, photograph suitable for publication, answers to the four questions outlined on the Statement of Commitment, and the signed Statement of Commitment and Code of Ethics. Required signatures may be gathered either in person, by email, or by fax; due to the methods involved, additional signature sheets will be accepted.