## Nomination Form for 2024-2025 TSJCL Appointed Officers

| Name:   |                 |                                       |           |         |          |
|---|-----------------|---------------------------------------|-----------|---------|----------|
| (Last)  | (Fir            | st)                                   |           |         |          |
| Office Sought:  |                 |                                       |           |         |          |
| Number of NJCL conventions attended:                  |                 |                                       |           |         |          |
| Phone Number: ( )                                     |                 |                                       |           |         |          |
| Student's E-Mail Address:                             |                 |                                       |           |         |          |
| School:   |                 | Area:                                 | A         | В       | C        |
|   |                 |                                       | Ι         | )       | F        |
| Sponsor's Name:                                       | Phone Nun       | iber: (                               | )         |         |          |
| Sponsor's E-Mail Address:                             |                 |                                       |           |         |          |
| Has your sponsor previously sponsored a TSJ           | CL Officer o    | r Area Ch                             | air? Y    | ES      | NO       |
| Classics class(es) you will be enrolled in next       | year:*          |                                       |           |         |          |
| * Candidates <u>must</u> be enrolled in a Classics re | elated course   | during the                            | ir term ( | of offi | ce!      |
| I have read the rules concerning officer appoin       | tments in the   | TSJCL B                               | ylaws an  | d agr   | ee, if   |
| appointed, to faithfully fulfill the duties of my     | office and to a | bide by th                            | e Consti  | tution  | ı and    |
| Bylaws of the TSJCL. I understand that all tra        | vel costs incu  | rred trave                            | ling to a | nd fro  | m        |
| Student Executive Board meetings will be reim         | ·               |                                       |           |         |          |
| and support of my parents and sponsor. By sign        | _               |                                       |           |         | ` '      |
| grant the TSJCL permission to use my likeness Signed, | s and name in   | official pr                           | omotion   | ai ilia | teriais. |
| (Candidate)   |                 | (Date)                                |           |         |          |
| (Parent/Guardian)                                     |                 | (Date)                                |           |         |          |
| (Sponsor)   |                 | · · · · · · · · · · · · · · · · · · · | (Date)    |         |          |

Please scan and email this form to the following email addresses no later than <u>April 12, 2024</u>: William Allan, TSJCL Parliamentarian, <u>parliamentarian@tsjcl.org</u>
Mary Beinemann, TSJCL Parliamentarian Mentor, <u>beinemann@tsjcl.org</u>