



## North Carolina Cooperative Extension Service State Advisory Council Nomination Form

Dr. / Mr. / Mrs. / Ms.

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

District: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Are you a member of County Advisory Council?  Yes  No If yes:  Current  Previous

Related experience: \_\_\_\_\_

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Short Bio: \_\_\_\_\_

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Comments: \_\_\_\_\_

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**Return to:**  
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