



NOMINATION FORM

We, the undersigned, being members in good standing of LICA, nominate:

_____ (name)

Of _____

To be a candidate at the elections on October 5, 2023 for the position of

AGRICULTURE DIRECTOR

(Nominator)

(Secunder)

(Name—printed)

(Name—printed)

(Address)

(Address)

CANDIDATE'S ACCEPTANCE

I, _____, candidate, confirm that I am a member in good standing of LICA and, if elected, I will accept the office for which I am nominated. I also certify that I am either actively involved in an agricultural operation of any size, a Registered Professional Agrologist, or a Registered Technical Agrologist. (Please attach certification).

(Signature of candidate)

(Date)