



United States Service Committee NOMINATION FORM

MAKER OF NOMINATION: _____

NOMINEES REGISTERED VOTING GROUP, AREA, and or REGION: _____

VOTING MEMBER SECOND'S NAME: _____

REGISTERED VOTING GROUP, AREA, and or REGION: _____

NOMINATION TO READ AS FOLLOWS:

INTENT OF NOMINATION:

FINANCIAL IMPACT: _____

USSCNA VOTED: YES _____ **NO** _____

USSCNA: CARRIED _____ **FAILED** _____

DATE SUBMITTED: _____ **DATE VOTED** _____