

## CANDIDATE AGREEMENT FORM

To: BPW/NC Nominations Chair ~ Linda Karolak  
Phone: 919-383-4233  
Email: [lkarolak@aol.com](mailto:lkarolak@aol.com)

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

I do hereby agree to have my name placed in nomination for the office of \_\_\_\_\_, representing the North Carolina Federation of Business and Professional Women's Clubs, Incorporated. Should I be selected by the State Nominating Committee, I agree to have my name placed on the slate of candidates for office to be voted on at the Annual State Convention.

I also agree to perform my duties diligently, to the best of my ability, at all times. If at any time during my term of office, I cannot perform my duties as required (excluding temporary illness); I will immediately render my resignation to the State President.

In ascendance with the Bylaws, Article XIV, Sections 2-5, I will officially and publicly support the State Legislative Platform and do solemnly pledge to uphold the objectives of our Federation. I have read and criteria for candidates and agree to abide by the rules as set forth.

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

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

City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Endorsed by: \_\_\_\_\_ Club

\_\_\_\_\_  
Club President's Signature

\_\_\_\_\_  
Date

**North Carolina Federation of  
Business and Professional Women's Clubs, Incorporated**

**CANDIDATE DATA FORM**

Nomination for Office of: \_\_\_\_\_

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

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

City/State/Zip \_\_\_\_\_

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

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Federation Experience (Offices Held and Committees Chaired/Served as Member)

Local: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLATFORM STATEMENT**

(one page in length)

**BIOGRAPHICAL SKETCH**

(one page in length)