

# Miami Valley Dance Council

## Candidate for Elected Office

From: \_\_\_\_\_

(Please Print Name of Person Nominated)

Contact Information; Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

---

***This certifies that I accept the nomination as candidate for office Of \_\_\_\_\_***

(Name of Office)

***In the Miami Valley Dance Council, for the year (s) of \_\_\_\_\_. I understand the Duties and Responsibilities of the office and will accept them if elected.***

---

Signature of Candidate

(Date)

Reference: Article II, Section 1, (b) Bylaws, Miami Valley Dance Council

Revised: June 2017