

**Consent to be Nominated  
for  
University of Missouri Extension Council  
of  
St. Clair County**

I, \_\_\_\_\_, agree to have my name submitted in nomination as a member of the University of Missouri Extension Council of St. Clair County. I understand that if I am nominated, I will stand for election in January 2024. If elected, I agree to serve.

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

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

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

E-mail: \_\_\_\_\_

Council District/Township: \_\_\_\_\_

Signature: \_\_\_\_\_

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

*University of Missouri Extension does not discriminate on the basis of race, color, national origin, sex, sexual orientation, religion, age, disability or status as a Vietnam-era veteran in employment or programs.*