**Consent to be Nominated
for
University of Missouri Extension Council**

**of**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to have my name submitted in nomination as a member of the University of Missouri Extension Council of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County. I understand that if I am nominated, I will stand for election in January 200\_\_. 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.