NOMINATION FORM
FOR
MUSCOGEE COUNTY DEMOCRATIC PARTY’S (MCDP)
POST COMMITTEE

Nominee’s Name: ________________________________________________

Nominee’s Address: _______________________________________________

Nominee’s Phone Number(s): Home: ________________________________

Cell: ________________________________

District in which Nominee resides: ______

Why are you nominating this person?

What talents/skills would this person bring to the Committee?

Nominator’s Name: ________________________________________________

Phone #: __________________ Email: ________________________________