

**STATEMENT OF INTEREST FORM  
FOR NOMINEES FOR OFFICERS OF THE ST LOUIS CHAPTER OF NCMA**

I \_\_\_\_\_ (name of nominator/can be self) am a member of the St. Louis Gateway Chapter of the NCMA. My Member ID number is \_\_\_\_\_.

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

For the program year (July 2024- June 2025), I hereby identify \_\_\_\_\_ (name of candidate) with \_\_\_\_\_ Member ID to be a nominee for the office of (check one).

- President;  Vice President/President Elect;  Programs;  Secretary;  
 Treasurer;  Membership;  Certification;  Marketing;  Excellence Award;  
 NES;  Webmaster;  Social Media

\_\_\_\_\_ (candidate) is a member in good standing (dues paid) of the NCMA, is assigned to the St. Louis Gateway Chapter, and has agreed to accept and implement the duties of the office if elected by the membership. (Can attach an optional statement signed by the candidate.)

State why you believe the candidate (can be self) would succeed in the position and what capabilities they would bring to the St. Louis Gateway Chapter:

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Return by email to NCMA St. Louis Gateway Chapter <[ncmastl@gmail.com](mailto:ncmastl@gmail.com)>