



**The Florida Society**  
**Sons of the American Revolution**  
**Recommendation for Nomination as FLSSAR Officer**

BEFORE starting the FLSSAR Nomination Form, please follow the instructions to SAVE your file.

Use the "Save to your PC" button. Add the Nominated member's last name to the front of the Saved file name. Example: "**(Compatriot) FLSSAR Nomination Form.PDF**" Now CLOSE the web page and OPEN the saved file on your PC to continue.

Nominee Full Name:

National No.

FLSSAR No.

Address

City:

State

Zip -

E-mail Address:

Telephone Number: ( ) -

***Is recommended for the office(s) of:***

***Briefly state life, business, and/or career experiences that would prove helpful to the compatriot in the performance of his duties as an FLSSAR officer in the office for which he is being nominated:***



Certificate of Appreciation:

Other Awards:

Have you, the Nominating Compatriot, discussed this nomination recently with the compatriot?    Yes    No

If nominated and elected, does the compatriot agree to serve actively for the full year?    Yes    No

If nominated and elected, does the compatriot agree to perform the duties as outlined in the FLSSAR Governing Documents and where applicable the NSSAR Official Handbooks?            Yes    No

Is the compatriot able to perform the duties of the office to which he is being nominated?

He is now: Employed Full Time?    Yes    No    Part Time    Yes    No    Compatriot is Retired    Yes    No

Approximate number of hours per week required by employer:

He has retired from:

His primary duties were:

Is the nominee active in other organizations: Fraternal:    Yes    No    Patriotic:    Yes    No    Lineage:    Yes    No

Other Activities: \_

If so, will membership(s) affect the ability of the nominee to perform required duties of the FLSSAR office?  
Yes    No

By signing this nomination form you are agreeing to abide by the campaign guidelines prescribed by the National Society.

**Signature of the compatriot nominated:**

The typed signature above is my authorized signature.

Date signed:

**Signature of recommending compatriot:**

The typed signature above is my authorized signature.

Date signed:

**Signature of Seconding compatriot:**

The typed signature above is my authorized signature.

Date signed:

Send the “renamed” form as an Email Attachment. When the form is complete and ALL have signed and dated this document, then send the form to the Chairman of the Nominating Committee as an Email Attachment.

Please request a “**Read Receipt**” so that you will know that your file was received.