



SONS of the AMERICAN REVOLUTION  
Patriotic ★ Historical ★ Educational

# Florida Society Sons of the American Revolution

## Recommendation for Nomination as FLSSAR Officer Years: \_\_\_\_\_

**BEFORE** starting on your FLSSAR Nomination Form below, please follow these “Save” instructions.

Use the “Save As” button. Add Nominee’s Name to the front of the Saved file Name.  
For example, “George Compatriot FLSSAR Nomination”.

Now **CLOSE** the web page and **OPEN** the saved File on your PC to Continue.

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

National Number: \_\_\_\_\_ FLSSAR Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email 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:**

**Previous SAR National, State or Chapter Positions:**

List where and when you served, and name Committee:

	NSSAR	State Society SAR _____	Chapter(s) _____
President	President General _____	_____	_____
Senior VP/1st VP	Other General Officer _____	_____	_____
2nd VP		_____	_____
Regional VP		_____	_____
Secretary		_____	_____
Recording Secretary		_____	_____
Treasurer		_____	_____
Registrar		_____	_____
Historian		_____	_____
Genealogist		_____	_____
Chancellor		_____	_____
Chaplain		_____	_____
Sergeant at Arms		_____	_____
Editor		_____	_____
Other Positions			
Committee Chairman	_____	_____	_____
Committee Chairman	_____	_____	_____
Committee Chairman	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member	_____	_____	_____

**National, FLSSAR, and Chapter Awards & Honors (Give Year Received):**

Good Citizenship Medal	<b>NSSAR</b>	Gold _____	Silver _____	Bronze _____
	<b>FLSSAR</b>	Gold _____	Silver _____	Bronze _____
	<b>Chapter</b>	Gold _____	Silver _____	Bronze _____
Meritorious Service Medal	<b>NSSAR</b>	Year _____	Oak Leaf Cluster(s) _____	
	<b>SAD</b>	Year _____	Oak Leaf Cluster(s) _____	
	<b>FLSSAR</b>	Year _____	Oak Leaf Cluster(s) _____	
	<b>Chapter</b>	Year _____	Oak Leaf Cluster(s) _____	
Roger Sherman Medal	<b>NSSAR Gold</b>	Year _____		
	<b>SAD/FLSSAR Silver</b>	Year _____		
	<b>Chapter Bronze</b>	Year _____		
Color Guard Medals	<b>Medal Name(s) and Year</b> _____			
Other Medals	<b>Medal Name(s) and Year</b> _____			

Patriot Medal: Year \_\_\_\_\_

Liberty Medal: Year \_\_\_\_\_

Oak Leaf Clusters (number) \_\_\_\_\_

Distinguished Service Medal  
**NSSAR** Year \_\_\_\_\_  
**FLSSAR** Year \_\_\_\_\_  
**Chapter** Year \_\_\_\_\_

Distinguished Service Award Certificate  
**NSSAR** Year(s) \_\_\_\_\_  
**SAD** Year(s) \_\_\_\_\_  
**FLSSAR** Year(s) \_\_\_\_\_  
**Chapter** Year(s) \_\_\_\_\_

Certificate of Appreciation: Years(s) \_\_\_\_\_

Other Awards (Name & Years) \_\_\_\_\_

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

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

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

Is the compatriot able to perform the duties of the office to which he is being nominated? No Yes

He is now: Employed Full Time No Yes Part Time No Yes

Approximate number of hours per week required by employer: \_\_\_\_\_

Compatriot is Retired No Yes

He has retired from: \_\_\_\_\_

His primary duties were: \_\_\_\_\_

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

Lineage: No Yes Other Activities: \_\_\_\_\_

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

**Signature of the compatriot nominated:** \_\_\_\_\_ Date signed: \_\_\_\_\_  
The typed signature above is my authorized signature.

**Signature of recommending compatriot:** \_\_\_\_\_ Date signed: \_\_\_\_\_  
The typed signature above is my authorized signature.

**Signature of Seconding compatriot:** \_\_\_\_\_ Date signed: \_\_\_\_\_  
The typed signature above is my authorized signature.

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.

# *Information & Instructions*

## **General**

The Florida Society SAR Governing Documents (revised May 2018) and the Standing Rules and Procedures Manual (approved January 2013) may be found through links on the FLSSAR Webpage - <http://www.flssar.org/FLSSAR/Tabs.asp> . These documents provide procedures for conducting elections and establish the titles and duties of the officers of the Florida Society. Elections are held during the Annual Meeting of the Society to fill the positions of President, Senior Vice President, Seven (7) Regional Vice Presidents (EC, NC, NW, SE, EC, WC, & SW), Secretary, Recording Secretary, Chancellor, Chaplain, Genealogist, Registrar, Sergeant-at-Arms, Historian, Webmaster, and ExCom Member-at-Large. In addition, nominees for the positions of National Trustee and Alternate National Trustee are selected and participate in elections at the NSSAR Congress. Nomination for the position of Vice President General, South Atlantic District (SAD) rotates among the four member State Societies: Florida, Georgia, North and South Carolina, and are also elected at Congress. The position of Parliamentarian is filled by appointment of the President. The position of Executive Administrator is filled by the BOM Executive Committee. Neither of these positions requires nominations through this current process.

Qualifications for nomination to all positions includes being a member in good standing of the FLSSAR and having stated in writing that they are willing to serve in that office. The only office with a specific credential requirement is Chancellor which requires the individual to be a member of the Florida Bar (or if retired, having been a member of the Florida Bar at the time of retirement).

The President and Senior Vice President must physically reside in Florida for no less than six months in the year they hold office. The President must indicate willingness to attend all BOM meetings, District meetings, and NSSAR meetings and the Senior Vice President must indicate willingness to attend all BOM meetings and NSSAR meetings. The National Trustee must attend the three National Board of Trustees meetings each year. In the event that the National Trustee cannot attend a National Board of the Trustees meetings, the Alternate Trustee must perform the duties of the National Trustee.

In order to mitigate the costs associated with certain positions, the BOM has authorized reimbursement of expenses as follows:

- Secretary, Registrar, and Executive Administrator – Stipends of \$400/month, payable quarterly
- President budget - \$4,000 per year; Senior Vice President budget - \$2,500 per year

Receipts must be provided to the Treasurer to receive reimbursements.

## **Instructions**

The nomination and re-nomination forms are available from several links. To open and fill-in the forms, you must have Adobe Acrobat Reader on your computer. A free download is available at <https://get.adobe.com/reader/?promoid=BUIGO> . Save the form onto your computer before beginning to fill it in. When the form is completed, save it again with a unique name (ex. "McGuire Nomination"). All nominations must be submitted on the current form (Form Nom 2020) and have three FLSSAR member signatures: 1) nominee, 2) recommending compatriot, 3) seconding compatriot. Signatures may be entered electronically or the form may be printed and physically signed. After each signature is made, the form should be forwarded for the next. When all have signed the form it should be submitted to the Chairman, FLSSAR Nominating Committee. Re-nominations should be submitted on Form Re-Nom 2020 in similar fashion but these only require two signatures. If additional space is needed for response to any part of the form, a separate sheet may be included. Nominations/re-nominations may be submitted as soon as signatures are obtained, but *must* be received by February 1, 2021 to receive consideration from the Nominating Committee. Forms may be submitted as email attachments (preferred) or printed and snail-mailed.