

To: The TCI Election Committee,

Date:

TELANGANA COMMUNITY, INC.

BOARD OF DIRECTORS ELECTIONS 2014

Nomination Form

Name First _____ Middle _____ Last _____

Address _____

Email address: _____

Phone No: _____

Signature: _____

Printed Name: _____ Date: _____

Proposed By:

Signature: _____

Printed Name: _____ Date: _____

Seconded By:

Signature: _____

Printed Name: _____ Date: _____

Note: Proposer and Secunder members should be current TCI members.