

Greater Atlanta Telangana Society

BOARD OF DIRECTORS ELECTIONS 2019

Nomination Form

First _____ Middle _____ Last _____

Address: _____

Email: _____

Phone Number: _____

Signature: _____

Print Name: _____ Date: _____

Proposed by:

Printed Name: _____

Date: _____

Signature: _____

Seconded by:

Printed Name: _____

Date: _____

Signature: _____

Note: Proposer and Seconder should be current GATeS member.