

## NEW MEXICO COWBELLES



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COMMUNITY RECOMMENDATION FORM

1. Name and address of Member being recommended:

(Last name)

(Husband's first name)

(Member's first name)

(Street or Route and/or Box Number)

(City or Town)

(State and zip code)

(Area code and Telephone Number)

(Fax Number)

2. Name of Local: \_\_\_\_\_

3. On which committee does the member wish to serve? \_\_\_\_\_

4. Previous Committee Assignments:

A. Local \_\_\_\_\_

State \_\_\_\_\_

National \_\_\_\_\_

B. Is member able to follow through on assignments? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Recommended by: \_\_\_\_\_

6. Brief statement of member recommended. Please use back of form.

7. Signature of person being recommended \_\_\_\_\_

Signature of person who is recommending \_\_\_\_\_

(Name)

(Position)

**THIS RECOMMENDATION FORM MUST REACH THE PRESIDENT-ELECT OF THE NEW MEXICO COWBELLES NO LATER THAN OCTOBER 15.**