NEW DURHAM BOSTON POST CANE

NOMINATION FORM

Please Provide All Information.

TODAY'S DATE: _____

YOUR NAME: _____

YOUR PHONE NUMBER: _____

YOUR EMAIL ADDRESS: _____

NAME OF NOMINEE: _____

AGE OF NOMINEE: _____

DATE OF BIRTH OF NOMINNE (IF KNOWN): MONTH _____DAY- _____YEAR-_____

PHONE NUMBER OF NOMINEE: _____

EMAIL ADDRESS OF NOMINEE: _____

PLACE OF RESIDENCE: _____

NOMINEE HAS BEEN A RESIDENT OF NEW DURHAM MINIMUM OF 10 YEARS: YES OR NO

(PLEASE CIRCLE ONE)

PLEASE SHARE A BRIEF BIOGRAPHY OF NOMINEE: _____

_____

_____

_____

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_____

Please leave the completed form in a sealed envelope marked "Nomination for Boston Post Cane Candidate" with the New Durham Town Clerk, or mail it to the New Durham Town Clerk, "Nomination for Boston Post Cane Candidate", PO Box 207, New Durham, NH 03855.

Please see the Guidelines for "Eligibility and Selection" for the term resident.