



Department 1<sup>st</sup> Vice President  
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**RETURN NO LATER THAN: JANUARY 31, 2022**

**RETURN TO:** Marcy Jorae

5122 Alward Rd.

Laingsburg, MI 48848

Return by either e-mail submission or mail via USPS.

I would like to recommend the following member to be appointed to a **Department Committee**. I believe this member is well qualified for this position and would be an asset in the development of our Auxiliary programs.

Signed \_\_\_\_\_ District Number \_\_\_\_\_

Title \_\_\_\_\_ Phone and Email: \_\_\_\_\_

Member Recommended \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip)

E-mail Address \_\_\_\_\_ Phone (Include area code) \_\_\_\_\_

District Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_ Unit Name: \_\_\_\_\_

**Appointment Requested:**

Committee \_\_\_\_\_ Chairman \_\_\_\_\_ Member \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ Chairman \_\_\_\_\_ Member \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_ Chairman \_\_\_\_\_ Member \_\_\_\_\_

**Auxiliary Activities** (Please use the back of the sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Former Occupation(s): \_\_\_\_\_

List talents and abilities (i.e. computers, bookkeeping, word processing, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_