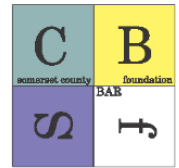




**SOMERSET COUNTY BAR ASSOCIATION
SOMERSET COUNTY BAR FOUNDATION
Nomination Form**



I nominate _____ / would like to be considered for (select one):

- Somerset County Bar Association Trustee – Term: 2 yrs
- Somerset County Bar Foundation Officer – Term: 2 yrs
- Somerset County Bar Foundation Trustee – Term: 2 yrs
- Somerset County Bar Association County Due Diligence Committee – Term: 3yrs (1 term max)
- Somerset County Bar Association Nominating Committee – Term: 1yr (2 term max)
- Somerset County Bar Association NJSBA Liaison – Term: 2 yrs (3 term max)
- Award / Other (*please specify*) _____

(use separate forms for each position)

Name: _____

Tel: _____

Firm: _____

Fax: _____

Address: _____

Email: _____

Admitted to NJ Bar (Yr) _____

Other Admissions (Jurisdiction/Yr) _____

Major focus areas of your practice _____

SCBA/SCBF Activities (list activity, position, and date(s) – e.g.; 2007, 2008, Fam.Practice Cmte, co-chair-2007; seminar panelist – 4/08)

Please explain (250 words or less) why you believe you/your nominee should be selected for this position/award (consider including skills/capabilities; time commitment capability etc.).

Nominator Name & Tel. No. (if different from nominee) _____

Please attach a current resumé.

I certify the above to be true. I have not been subject to public disciplinary action and there are no pending ethics complaints against me except as follows (use separate sheet of paper to address this).

Signature _____

**Please return this form to SCBA/SCBF
P.O. Box 1095, Somerville, NJ 08876-1095 • Tel: 908-685-2323 • Email:director@somersetbar.com**

NOTE: Your dues must be current to submit a nomination or be considered for a nomination.