



\_\_\_\_\_ Fraternity



## NOTICE OF NOMINATION AND ACCEPTANCE LETTER

Date \_\_\_\_\_

Dear Fraternity Member:

Congratulations! You have been nominated to serve on the Council of our Fraternity. Please consider that your fellow fraternity members, those who nominated you, felt you possess the necessary qualifications to fulfill this ministry. Please give prayerful consideration to accepting the nomination for the office(s) listed on the attached Notice of Nomination.

Taking on this responsibility will mean a sacrifice of your time, talent and energy. But serving your fraternity as a member of the Council will also mean growth and learning for your abilities, talent, spirit and sense of community. As members of the Secular Franciscan Order, we are called to serve, not to be served, for as you give so it shall be given to you.

If, after prayerful consideration, you truly feel you are completely unqualified or if you find that you are unable at this time to handle the office for which you are nominated, you do have the right to refuse the nomination without prejudice.

To accept or refuse nomination, please check the "Accept Nomination" or the "Decline Nomination" box for each office listed on the attached Notice of Nomination. You may accept nominations for more than one Council office. At the time of elections, if you are elected to one office, your name will be removed from the ballots of all the other offices to which you were nominated.

Please complete the Resume Form if you accept any nomination(s). Please return the Notice of Nomination indicating your choice to accept or refuse nominations and the Resume Form for accepted nominations by \_\_\_\_\_ (Date)

Thank you.

May the Holy Spirit and St. Francis guide our election process for the good of all in our Fraternity.

Fraternally yours,

*(Signature of)*

Nominating Committee Chairperson

**NOTICE OF NOMINATION**

Please indicate your acceptance or refusal of the nomination for the office(s) listed below, sign and date where indicated and include your profession date in the space provided. Please return this form by \_\_\_\_\_ (Date)

Thank you.

| Office | I accept<br>Nomination | I decline<br>Nomination |
|--------|------------------------|-------------------------|
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|        |                        |                         |
|        |                        |                         |
|        |                        |                         |

\_\_\_\_\_  
(Nominee Signature)

\_\_\_\_\_  
(Date)

Nominee Name \_\_\_\_\_

Nominee Profession Date: \_\_\_\_\_

Thank you,

*(Signature of)*

Nominating Committee Chairperson

