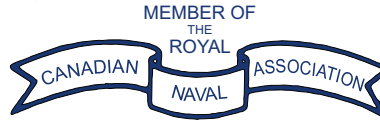




Oxford County Naval Veterans Association



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O.C.V.N.A ELECTION NOMINATION FORM

I _____ wish to nominate
_____ for the position of

Signed: _____

Membership Number: _____

Date: _____

ACCEPTANCE

I _____ agree to allow my name to
stand for the position of _____

Signed: _____

Membership Number: _____

Date: _____

Nomination Committee,
Directors
Rick D'Entremont
Bill Fidlin
Nancy Wettlaufer