



**HGBM – 2025  
List of Candidates  
Executive Committee**

*Due: November 14, 2025*

<b>SUBMITTED BY:</b> _____	<b>DATE:</b> _____
<b>RECEIVED BY:</b> _____	<b>DATE:</b> _____
<b>CERTIFIED BY:</b> _____	<b>DATE:</b> _____

- FOR OFFICIAL USE ONLY -

<b>President:</b>	1 year membership	Good Standing	Age, 18 or older	Certification		
	Date of Membership	Amount Owed	Date of Birth	Without Waivers	With Waivers	
	Y	N	Y	N	Y	Y
	Y	N	Y	N	N	N
NAME: _____						
ADDRESS: _____						
PHONE: _____						
DATE OF BIRTH: _____ MEMBERSHIP NO. _____						
SIGNATURE: _____						

<b>Vice-President:</b>	1 year membership	Good Standing	Age, 18 or older	Certification		
	Date of Membership	Amount Owed	Date of Birth	Without Waivers	With Waivers	
	Y	N	Y	N	Y	Y
	Y	N	Y	N	N	N
NAME: _____						
ADDRESS: _____						
PHONE: _____						
DATE OF BIRTH: _____ MEMBERSHIP NO. _____						
SIGNATURE: _____						

<b>Treasurer:</b>	1 year membership	Good Standing	Age, 18 or older	Certification		
	Date of Membership	Amount Owed	Date of Birth	Without Waivers	With Waivers	
	Y	N	Y	N	Y	Y
	Y	N	Y	N	N	N
NAME: _____						
ADDRESS: _____						
PHONE: _____						
DATE OF BIRTH: _____ MEMBERSHIP NO. _____						
SIGNATURE: _____						

<b>Secretary:</b>	1 year membership	Good Standing	Age, 18 or older	Certification		
	Date of Membership	Amount Owed	Date of Birth	Without Waivers	With Waivers	
	Y	N	Y	N	Y	Y
	Y	N	Y	N	N	N
NAME: _____						
ADDRESS: _____						
PHONE: _____						
DATE OF BIRTH: _____ MEMBERSHIP NO. _____						
SIGNATURE: _____						

<b>Receiver:</b>	1 year membership	Good Standing	Age, 18 or older	Certification		
	Date of Membership	Amount Owed	Date of Birth	Without Waivers	With Waivers	
	Y	N	Y	N	Y	Y
	Y	N	Y	N	N	N
NAME: _____						
ADDRESS: _____						
PHONE: _____						
DATE OF BIRTH: _____ MEMBERSHIP NO. _____						
SIGNATURE: _____						

The undersigned agree to be candidates for the Executive Committee and if elected are willing to serve their respective positions for the term of one year.