Notice of Appointment



Division of Publications Department of State

State of Tennessee
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For Office Use Only

Board ID

Position ID

One Copy of this form for **EACH** new appointment or reappointment *This information is required to be submitted to the Secretary of State pursuant to Tenn. Code Ann. § 10-7-603.*

Appointed By: Appointed Member Is: Replacing Previous Member Reappointment New Position Name of Previous Member (if applicable) Appointed Member Name: Address: Residential Address* (if different from above): Phone: County: House District: Senate District: Senate District: *Districts are based on residential address Term: to **Districts are based on residential address **Position Qualifications: Indicate the statutory requirements of this particular position. This form was prepared by: Name: Phone: Email:	Board Name:					
Name of Previous Member (if applicable) Appointed Member Name: Address: Residential Address* (if different from above): Phone: County: House District: Senate District: *Districts are based on residential address Term: to Voluntary information: Sex: Male Female Race: Position Qualifications: Indicate the statutory requirements of this particular position. This form was prepared by: Name: Phone: Email:						
Appointed Member Name: Address: Residential Address* (if different from above): Phone: County: House District: Senate District: *Districts are based on residential address Term: to Position Qualifications: Indicate the statutory requirements of this particular position. This form was prepared by: Name: Phone: Email:	• •			eappointment	New Position	
Address: Residential Address* (if different from above): Phone: County: House District: Senate District: *Districts are based on residential address Term: to Position Qualifications: Indicate the statutory requirements of this particular position. This form was prepared by: Name: Phone: Email:	Nam	ne of Previous Member (if applica	ble)			
Residential Address* (if different from above): Phone: County: House District: Senate District: *Districts are based on residential address Term: to Position Qualifications: Indicate the statutory requirements of this particular position. This form was prepared by: Name: Phone: Email:	Appointed Member Nam	e:				
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*Districts are based on residential address Term: to Position Qualifications: Indicate the statutory requirements of this particular position. This form was prepared by: Name: Phone: Email:			Voluntary information:			
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Name: Phone: Email:	Position Qualifications: Indicate the statutory requirements of this particular position.					
Phone: Email:	This form was prepared by:					
Email:						
	Email: Date Submitted:					