STATE BAR OF MICHIGAN NOMINATING PETITION

EXECUTIVE COUNCIL MEMBER, YOUNG LAWYERS SECTION

We, the undersigned active members of the State Bar of Michigan, having our address of record with the State Bar within the above district, hereby nom-

____ DISTRICT

inate:	PLEASE PRINT NAME			P#		whose address	f record
with the State Bar is located at:							
		ADDRESS			ZIP		

in said district, for the office of Executive Council Member, Young Lawyers Section of the State Bar of Michigan from the said district, to be voted on at

the election to be held therein during the year 2022.

NOTE: FIVE VALID SIGNATURES OF ACTIVE MEMBERS WITH OFFICES IN THE DISTRICT NAMED ABOVE ARE REQUIRED TO NOMINATE. THE CANDIDATE CANNOT BE ONE OF THE FIVE MEMBERS SUPPORTING HIS OR HER OWN NOMINATION. SBM WILL ACCEPT ELECTRONIC SIGNATURES AND EMAILS CONFIRMING SUPPORT OF NOMINATION IN LIEU OF PHYSICAL SIGNATURES. PLEASE VISIT THE SBM WEBSITE FOR MORE INFORMATION. PETITIONS MUST BE EMAILED TO THE STATE BAR OF MICHIGAN BETWEEN APRIL 1 AND APRIL 30. PLEASE SUBMIT BY EMAIL THE SIGNED PETITION INCLUDING FIVE SIGNATURES OR EMAIL CONFIRMATIONS TO CSHARLOW@MICHBAR.ORG. DO NOT MAIL.

P#	PRINTED NAME	PRINCIPAL OFFICE ADDRESS	SIGNATURE
<u>1.</u>			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

			, an active member of the State Bar of	Michiaan.
PRINTED NAME OF CIRCULATO	DR		,,	,
says that his/her addre	ss of record with the State Bar is	ADDRESS	ZIP	
and he/she circulated t	the foregoing petition, and is well	acquainted with the persons who	ose names are thereto affixed, and such perso	ns signed the
said petition in his/her	presence.			
Signature of Circulator	PETITIONER MAY SIGN AS CIRCULATOR			
I hereby accept the nor	nination for which this petition is s	ubmitted.		
Candidate's Signature	SIGNATURE		DATE	