

COUNCIL FOR A BETTER LOUISIANA



NOMINATION FORM –

(May send in more than one nomination form.)

Recommended candidate(s) for Leadership Louisiana:

(Please provide as much contact information as possible)

Name _____

Title/Co./Org _____

Address _____

Phone _____ Fax _____

E-Mail _____

Your name: _____



Nominations OPEN Year Long.
Application process Oct 1-Nov 30th
Please email information to
sheree@cabl.org. Thank You!