

SUPERVISORY COUNCIL

Acceptance of Candidacy 2019

| l, | hereby accept my candidacy for the upcoming |
|---|--|
| election for: | |
| □ Central Board | |
| □ Shaare Shalom Synagogue Board | |
| □ Ohr Esther Synagogue Board | |
| □ Shaare Rachamim Synagogue Board | |
| I further agree that if elected, I will fulfill my duties | s and responsibilities to the best of my abilities and |
| according to the by-laws of the United Mashadi J | ewish Community of America. |
| Address: | |
| Phone Number: | |
| Fax Number: | |
| Mobile Number: | |
| E-mail Address: | |
| Date of birth: | |
| Please return this form via email to: mashadis to (516) 407-5594 as soon as possible. For Supervisory Board Use Only Date Received | Signature or fax |
| Notes | Date |