



1. NOMINEE CONTACT INFORMATION

Name of nominee:

Professional designation(s):

Job title:

Employer:

Address:

City, State, Zip:

Telephone:

Email:

2. Circle the position for which this person is being nominated:

President-Elect      Secretary      Treasurer      Director (4-year term)      Director (2-year term)

3. Why do you think this person meets the criteria for Board service?

4. YOUR CONTACT INFORMATION:

Your name:

Your professional designation(s):

Your job title:

Your employer:

Your address:

Your city, state, zip:

Your telephone:

Your email: