

**ALUMNI ASSOCIATION BOARD OF DIRECTORS
NOMINATION FORM**

Nominee: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Business phone: _____ **Home phone:** _____

Preferred Email: _____

Biographical information:

Are you a current Association member? _____ **Level:** _____

College/Major _____ **Class year** _____

Age _____ **Gender** _____

Area of Professional Expertise _____

Title: _____

Company Name: _____

Address: _____

Cit : _____ **State** _____ **Zip** _____

Why are you interested in serving on this board? _____

Give examples of leadership and service to the university, community or society at large:
