



NCGA Director Nomination Form
Due by August 28, 2009

Full name of the person you recommend to serve as a Director (the “Nominee”).

Has the Nominee agreed to have his or her name submitted for consideration?

Yes No

Has the Nominee agreed to provide the Nominating Committee with all the information required to conduct an evaluation?

Yes No

Your name _____

What is your affiliation with the NCGA?

NCGA Member NCGA Club Officer Other _____
 NCGA/PHI/Foundation current/former Director/Staff None

What is the Nominee’s contact information?

Mailing Address _____

Telephone Number

() _____ - _____

Cell Phone Number

() _____ - _____

Fax Number

() _____ - _____

Email Address _____

City of Residence _____

Club Membership(s) _____

