NOMINATION FORM

I nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for The Board of Directors

If this is not a self-nomination, I represent and warrant that I have contacted the nominee and I have his or her permission to submit his/her name for nomination and she/he agrees to being nominated and will accept office if elected.

Nominee Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifications

Subject to review by the Nominating Committee, the nominee meets the qualifications to serve.

Biographical Statement

Please attach a brief biographical statement, no more than 100 words explaining your qualifications. The nominee agrees that the Nominating Committee may edit biographical statements for inclusion in any subsequent notice to the membership.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Nominee

By signing this nomination the Nominee affirms that she/he is agreeable to being placed in nomination and will accept office if elected.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person making nomination

Not required if self-nomination

**THIS FORM MUST BE RECEIVED BY THE NOMINATING COMMITTEE BY 5:00 PM FEBRUARY 6, 2023.** SEND BY EMAIL TO BOARDNOMINATIONS@FRICKFIN.ORG.