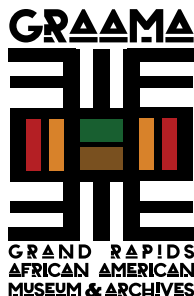


BOARD MEMBER



NOMINATION FORM

This electronic PDF form is fillable and can be saved *only* when using the Adobe Reader application. The user can select the "Submit" button located on page 2 to forward the completed form or print and mail to: GRAAMA, 87 Monroe Center, Grand Rapids, MI 49503.

NOMINATOR INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ CELL: _____ EMAIL: _____

NOMINEE INFORMATION

☐ *same as above*

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ CELL: _____ EMAIL: _____

Please describe why you are nominating yourself/this individual to serve on the Board of Directors.

What do you know about this person? Have you worked with him/her before, and if so, in what capacity?
(If you are nominating yourself, please provide a reference and contact info.)

What particular skills do(es) you/this individual have that would suit the role?

BOARD MEMBER



NOMINATION FORM

What other volunteer roles have prepared you/this individual for a position on the Board of Directors?

What is your/this individual's strongest attribute(s)?