



Affiliate Nomination Form

(Date)

I, _____ would like to submit the name of
(your name)

_____ to be considered for the office of
(you may nominate yourself)

Affiliate Representative to the Board of Directors.

(Signature of Nominee if not you)

**All nominations must be received in the Board office by noon Wednesday,
August 4, 2010**

Please give a brief description of the Candidate's qualifications and Board activities:
