

**NOMINATION FORM -- CANDIDATE FOR CONSIDERATION
BY THE COMMITTEE ON DIRECTORSHIP FOR
2020 BOARD OF DIRECTOR POSITIONS**

NOMINATOR'S NAME: _____ SELF NOMINATION: _____

DIRECTOR POSITION: (If one is requested)

NAME OF NOMINEE*: _____

MEMBER #: _____ MEMBERSHIP CATEGORY: _____

ORGANIZATION: _____

PROFESSIONAL POSITION TITLE: _____

ADDRESS: _____ CITY: _____

ZIPCODE: _____ BUS PHONE #: _____ MOBILE #: _____

AREA OF EMPLOYMENT (EX: ARTS, EDUCATION, ETC.): _____

CERTIFICATION: _____

(Nominee Signature Required)

* Signature required stating that he/she has read and understands the AFP-GHC Board Member Expectations and Responsibilities and the AFP-GHC Board Member Policy for Conflict of Interest and Nondisclosure

*******NOMINEE'S BRIEF BIO AND PHOTO REQUIRED*******

SERVICE TO THE AFP, PROFESSION AND/OR PHILANTHROPY

AFP-GHC Activity/Dates of Service: (Attach separate sheet if more room is needed)

Have you served on other non-profit boards or committees? If so, please explain:

AFP International Activity/Dates of Service:

Service to the Profession: Please list service in the areas of teaching, writing and research.

Service to the other nonprofit organizations: Please list membership and activities in other professional fundraising associations and groups and/or community volunteer services.

AREAS OF INTEREST FOR THE BOARD SERVICE

List what expertise/skills sets you would bring to the Board and/or Committee: (describe in detail)

Verify that you have not been convicted, pled guilty, or held civilly liable for any criminal or civil dispute, claim, settlement, judgment or verdict related to your work in the fundraising profession, and disclose any such ongoing proceedings and/or claims involving you on a separate sheet of paper. Disclose any and all ethics-related proceedings, suspensions, expulsions, resignations and/or membership disputes with any other organization, including but not limited to fundraising organizations on a separate sheet of paper.

I am not and have not been involved in any such matters set forth above.

Email nomination form and send additional information to admin@afphouston.org
or call 832-871-5961.

NOMINATION MUST RETURNED BY _____