

# UDCNAS Board of Directors Nomination Form

## HOW TO NOMINATE A CANDIDATE

Nominations will only be accepted from current members of the UDCNAS in good standing. Nomination forms must be submitted by 11:59 pm on March, 15, 2019. All Nominees will complete receive a Nomination Acceptance form within 48 hours of their nomination. Nomination Acceptance forms must be completed and returned within 3 business days. Only Nominees who complete Nomination Acceptance form will be placed on the ballot. Incomplete and/or late forms will not be reviewed or accepted.

*\*Self-nominations are acceptable. Please complete a Nomination Acceptance form to self-nominate.*

## ELIGIBILITY

In order to be eligible to run for a position as and serve on the Board of Directors, one must (i) be an active member in good standing for a minimum of one complete year, (ii) have obtained a degree from the UDC or its predecessor institutions, (iii) attend a minimum of 50% of the meetings of the regular body. (Eligibility will be verified by the Membership Committee).

### *Nominator Information*

NAME: \_\_\_\_\_  
*First Last Maiden MI*

ADDRESS: \_\_\_\_\_  
*Street City State Zip Code*

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
*Date*

### *Nominee Information*

NAME: \_\_\_\_\_  
*First Last Maiden MI*

ADDRESS: \_\_\_\_\_  
*Street City State Zip Code*

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

YEAR(S) GRADUATED: \_\_\_\_\_ DEGREE(S) EARNED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_

**Please tell us why the nominee is best qualified to serve as a Board of Director:**

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**Please describe how the nominees personal and/or professional experience will contribute to the success of the UDCNAS:**

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**Please list all known professional and/or volunteer affiliations:**

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Nomination forms can be mailed or dropped off in person to:  
UDCNAS  
Attn: Membership  
4200 Connecticut Avenue NW  
Washington, DC 20008

Forms can also be emailed to [udcnas@udc.edu](mailto:udcnas@udc.edu)