 Please complete if you are interested in serving on the APRA-MN board, or if you’d like to nominate a qualified candidate.

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| **About the Nominee:** |
| Name: |  |
| Address: |  |
| City, State, Zip: |  |
| Daytime Phone: |  |
| Evening Phone: |  |
| Email: |  |
| Title: |  |
| Organization: |  |
| Nominee’s Supervisor: |  |
| Supervisor’s Title and Phone |  |
| **About You, the Nominator:** |
| Your name: |  |
| Your Title/Org: |  |

1. Please list professional qualifications or attach nominee’s current resume to this form (summarized information will appear on the ballot sent to members following the fall conference on October 20, 2015).
2. Briefly explain your reasons for wanting either you or your nominee to serve on the APRA-MN Board and outline the positive contributions that you or your nominee could make.
3. Please describe volunteer involvement with APRA, AFP, CASE or other philanthropic organizations or boards.