

GCNA NOMINATION FORM

For the Nominator - Please fill in your information below:

Nominator’s Name

Email

**Who are you nominating to stand for election to the GCNA Board?**

Are you nominating yourself Yes

 No

(if yes, please re-enter your contact information below)

Name of the Nominee:

Nominee’s Email

Is the nominee a current member of GCNA? Yes

 No

 Unsure

Is the nominee aware of your nomination? Yes

 No

Please describe any previous GCNA activities, committee involvement, etc. of the nominee (or you, if you are nominating yourself). If unsure, please indicate “I Don’t Know”.

Please share why your nominee (or you, if you are nominating yourself) is interested in serving on the GCNA board, and/or how your/your nominee’s knowledge/skills/experience would contribute to the board.

Contact us:

Nominate@GCNA.org

Margaret Angelini, Chair

508-380-1660