

## GCNA NOMINATION FORM

For the Nominator* - Please fill in your information below:		
on to the GCNA Board?		
res		
No tion below)		
Yes No Unsure		
s, committee involvement, etc. of the nominee (or you, if you adicate "I Don't Know".		
ou are nominating yourself) is interested in serving on the s knowledge/skills/experience would contribute to the board.		

Return completed forms as an attachment to: Nominate@GCNA.org

Questions? Lisa Lonie, Chair 215-780-1280 (office)

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