National Association of Councils on

Developmental Disabilities

Nomination Form for Election to the

Board of Directors

**DUE May 17, 2017, 4:00 p.m. EDT**

# Name of Candidate:

Council:

Position of Interest:

Board Member At Large\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board President\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Vice President\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Secretary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_

Directors serve an initial term of 2 years

Short Bio Sketch (no more than 250 words): (Attach another page if necessary.)

Why do you believe that you or the recommended person would be a good candidate?

How will you or the recommended candidate help carry out the NACDD mission and advance the vision of NACDD?

Signed:

 Nominee

Signed:

 Representative of DD Council

Telephone: Email:

Date:

By signing this agreement, the Council is obligating itself to pay for travel expenses for a minimum of two face to face meetings annually. Should this obligation become a barrier, please advise NACDD.

Please e-mail this form by May 17, 2017 to:

Nominations Committee, c/o Robin Troutman, NACDD

Email: rtroutman@nacdd.org or jmisilo@nacdd.org

Thank you. A member of the Nominations Committee will contact you soon for a more detailed discussion of your interest in serving on the Board of Directors.