



**FGCU ALUMNI ASSOCIATION
BOARD OF DIRECTORS NOMINATION FORM**

The FGCU Office of Alumni Relations welcomes your interest in board membership. Please complete this form in its entirety and mail or fax it, along with a current resume, to:

Florida Gulf Coast University
Office of Alumni Relations
Attn: Lindsey Touchette
10501 FGCU Blvd. S. Fort Myers, FL 33965-6565
Tel: (239) 590-1060 Fax: (239) 590-1070
Email: ltouchet@fgcu.edu or alumnirelations@fgcu.edu

_____ YES! I am interested in becoming a member of the FGCU Alumni Association Board of Directors (self-nominations are accepted).

_____ MAYBE, please contact me. I'd like more information.

Nominee's Information:

Full name: _____ UIN: _____

Home address: _____

City, State and Zip Code: _____

Cell phone: _____ Other phone: _____

E-mail address: _____

Employer: _____

Job title: _____

Work address: _____

City, State and Zip Code: _____

Work phone: _____

Graduation year OR years attended FGCU: _____

Highlight past OR present involvement with FGCU: _____

Highlight past OR present involvement in other civic organizations: _____

Reasons for wanting to become involved with the FGCU Alumni Board: _____

I, _____, am willing to serve at least one two-year term in which I will meet the duties and responsibilities needed and outlined below:

- ✓ Attend quarterly meetings
- ✓ Serve on a board sub-committee
- ✓ Encourage and promote the interests, welfare, ideals and progress of FGCU
- ✓ Cultivate and enhance good fellowship among the alumni of FGCU

_____/_____/_____
Signature *Date*

FGCU Alumni Association Sub-committees (*please check all that interest you*):

- | | |
|--|---|
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Events/Programming/Reunion |
| <input type="checkbox"/> Career Development | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Awards/Scholarships | <input type="checkbox"/> Travel |

Nominator's Information:

Date of Nomination: ____/____/____ Self-Nomination: Yes No

Nominated By:

Full name: _____ Phone: _____

Address: _____

City, State and Zip Code: _____

E-mail address: _____

What is your relationship to the nominee? _____