



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:

Lindsey Touchette
Florida Gulf Coast University
Director, Office of Alumni Relations
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: _____

Home Address: _____

City, State, and Zip Code: _____

Home and Cell 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)

- | | | |
|--|---|--|
| 1. <input type="checkbox"/> Strategic Planning | 4. <input type="checkbox"/> Career Development | 7. <input type="checkbox"/> Secretary |
| 2. <input type="checkbox"/> Technology | 5. <input type="checkbox"/> Awards/Scholarships | 8. <input type="checkbox"/> Events/Programming |
| 3. <input type="checkbox"/> Membership | 6. <input type="checkbox"/> Fundraising | 9. <input type="checkbox"/> Student Alumni Association |
| | | 10. <input type="checkbox"/> Other _____ |

Nominator Information

Date of Nomination: _____

Self-Nomination: Yes No -- **OR**--

Nominated By:

Name: _____

Address: _____

City, State, Zip: _____

E-Mail Address: _____ Phone: () _____

What is your relationship with the nominee?
