

State of Alaska Opticians Association
C/o Angela Hawk
Po Box 10877
Fairbanks AK 99710
907-328-3999

Board/Committee Member Nomination Form

Candidate Information

Name _____

Home address _____

Home phone number _____

E-mail address _____

Work phone number _____

Employment/Position _____

Previous experience (if any) with **(name or org)**

Please circle any of the following skills or experience that the candidate possesses.

Finance, accounting

Grant writing

Fundraising and special events

Public relations, communications

Other _____

Management, administration

Nonprofit experience

Teaching experience, curriculum development

Contacts, networking

Other _____

Affiliations or organizations the candidate belongs to (e.g., membership, professional, civic).

Submitted by

Name _____ Date _____

Phone _____ E-mail _____

Has this person been contacted to determine their interest in being nominated?

___ Yes ___ No

Thank you for your nomination