

FAYETTEVILLE MuseumOfArt

Nomination Form
Board of Trustees

Contact Information

Nominee Name:

Company Name:

Work Address:

Home Address:

Work Phone:

Fax

Number:

Home Phone:

Cell Phone:

Work Email:

Home

Email:

Personal Information – *Please use back or additional sheets if necessary.*

Please explain how the nominee would contribute to the Museum's mission as a board member:

What work experience or expertise would this nominee bring? (attach resume if helpful)

List experiences as a volunteer (including boards, committees, other community service):

(Optional) Nominee, please list your personal reasons for being willing to serve on the Museum board

Authorization

The undersigned certify that the above information is true and accurate and permission is given to use the above information for nomination purposes.

Signature of Nominee

Date

Signature of Board Member Submitting Nomination

Date

