

# Advisory Council Nomination Form



The Nonprofit Federation Nominating Committee seeks candidates on a rolling basis to serve on the DMANF's Advisory Council, which is the top leadership for the organization. Advisory Council members serve a two-year term with a maximum of three terms.

For future consideration, please email this completed form to Alicia Osgood at [aosgood@ana.net](mailto:aosgood@ana.net).

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## NOMINEE INFORMATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization/company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

List 3 reasons why the individual you are nominating is qualified to serve on the DMANF Advisory Council

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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## SPONSOR INFORMATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization/company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to nominee (employer, employee, colleague, client, etc.) \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_