

National Association for Down Syndrome

Nomination Form for New Members to the Board of Directors

Name _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

E-mail address: _____

Employer: _____

Occupation: _____

If you are the parent or other relative of a person with Down syndrome:

Name of Person with Down Syndrome _____

Child's Date of Birth _____

What has your involvement been with NADS up to now? (Parent support volunteer, board member, officer, committee member, fundraising events):

What has your involvement been with other organizations? (Down syndrome organizations, ARC, parent support groups, charitable organizations, PTA):

Do you have skills that would be an asset to the NADS board such as accounting, legal, public relations, fundraising, etc?

Briefly, tell us why you would like to be considered for nomination to the NADS Board.

Expectations of NADS Board Members:

*Regular attendance and participation at NADS meetings and activities (bi-monthly board meetings, fund-raising events and regularly scheduled committee meetings).
Willingness to commit time and responsibility above and beyond the membership at large.*

After considering the above expectations, I feel I am able to make the commitment necessary to serve as an effective board member for NADS. At this time, I wish to present myself as a candidate for the NADS Board of Directors.

Signed: _____ Date: _____

PLEASE E-MAIL THIS FORM TO:

Deb Mirabelli at mrshondadoc@sbcglobal.net

Deadline: March 21, 2012