

**UNIVERSITY OF MIAMI ALUMNI ASSOCIATION  
BOARD OF DIRECTORS  
NOMINATION FORM**

*Please fill out completely as this is the only information the committee will use for consideration.*

Name of Nominee: \_\_\_\_\_  
UM Degree(s)/Year(s): \_\_\_\_\_  
Professional Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Please list specific individual qualifications and accomplishments that should be considered in the selection process (including: community activities/volunteering, UM involvement/leadership positions and any other relevant information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position on the Board of Directors:

- |   |   |
|---|---|
| <input type="checkbox"/> Vice President (1 year term) | <input type="checkbox"/> Regional Director (1 year term)      |
| <input type="checkbox"/> Director (3 year term)       | <input type="checkbox"/> Faculty Representative (2 year term) |

Nominated By: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

If you would like to submit any additional items (resume/curriculum vitae/letters of recommendation) please send them along with your completed form to:

**Nominations Committee  
University of Miami Alumni Association  
1550 Brescia Avenue  
Coral Gables, FL 33146  
Fax: 305-284-3832**