

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

Please fill this form 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
6200 San Amaro Drive
Coral Gables, FL 33146
Fax: 305-284-3832**