



NOMINATION FORM FOR
BOARD OF DIRECTORS MEMBER

Candidate Information:

Name: _____

Position: _____

Organization: _____

Address: _____

City/Province: _____ State: _____

Zip/Country Code: _____ Country: _____

E-mail: _____

Telephone: _____ Fax (optional): _____

Website (if applicable): _____

Has this nominee been informed of this nomination and is the person willing to serve (circle one)? Yes No

Please include with your submission a copy of the nominee's CV/bio and a detailed letter of recommendation stating why the nominee is qualified for a leadership role with the Global Ageing Network. In particular, show how the person embodies leadership values of integrity, creativity, collaboration, commitment, and diversity.

Please submit this form and supporting materials electronically by 31 July 2018 to sdavis@globalageing.org.

Person Submitting this form:

Signature: _____ Date: _____

Print Name: _____ Organization: _____

Telephone Number: _____ Email: _____