

ADRIAN COLLEGE
ALUMNI ASSOCIATION BOARD OF DIRECTORS
Nomination Form
Biographical Information

I nominate the following person as a candidate for Alumni Board membership:
(you may nominate yourself)

Full Name _____ Class Year _____

Preferred First Name _____

Title or Position _____ Employer _____

Email Address _____

Home Phone _____

Address _____

City/State/Zip _____

What do you feel you or this person could contribute to the Alumni Board? _____

Submitted by _____ Date _____