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**Officer Nomination Form – Deadline: February 1, 2021**

***Email form and photo to:*** [***info@nfpw.org***](mailto:info@nfpw.org)

***or mail to: NFPW Headquarters, 140B Purcellville Gateway Dr., Suite 120, Purcellville, VA 20132***

**Nominee’s name:**

**NFPW office seeking:**

**Nominee’s home address:**

**Home phone:**

**Work phone:**

**Work address:**

**E-Mail addresses:**

**Nominating affiliate name:**

**Nominee’s statement of goals/objectives for service through office sought:**

**Nominee’s professional experience, from present through past positions/employers:**

**Summary of awards/recognition given nominee:**

**College/university education from highest level attained backwards:**

**Leadership positions held in NFPW, affiliate, other professional groups:**

**Nominee’s affirmation of ability to fulfill responsibilities of office sought:**

I affirm I am able to participate in NFPW Communications Conferences and Board Sessions during my term and

fulfill duties defined in the NFPW Bylaws and Leadership Manual.

**Nominee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Affiliate certification of nominee’s eligibility and qualifications:**

I certify our nominee is an active affiliate/NFPW member, has demonstrated leadership ability through service to

the affiliate and/or NFPW, and understands and is capable of fulfilling responsibilities of the office being sought.

**Signature of Affiliate President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Affiliate Vice President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide affiliate statement on “Why we feel nominee can serve effectively in this office.”**

***Endorsements by other affiliate of nomination (Optional):***

We certify our membership endorses this nomination:

**Affiliate President’s signature/phone Vice President’s signature/phone**