

NOMINATION FORM

I, _____, confirm that I meet the requirements and qualifications for, and accept the role and time commitment required of a GBNA Director, and offer the following in support of my Nomination:

Name of Nominee:

Name (First) (Last)

Address Postal Code City

Day Phone Home Phone E-mail

Nominee Signature Nominator Signature

Nominator Name

Please provide an overview of the skills and contributions you could bring to the Board of Directors of GBNA?

(continue over page, if needed)