

**American Arabic Benevolent Association  
PO Box 320037  
West Roxbury, MA 02132**

**BOARD OF DIRECTOR NOMINATION APPLICATION**

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Profession: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Areas of expertise outside of your profession: \_\_\_\_\_

\_\_\_\_\_

Why do you seek to become a member of the Board of Directors? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you to do for AABA if elected/appointed as a Board of Director? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests/Hobbies/Activities: \_\_\_\_\_

Other Associations/Affiliations: \_\_\_\_\_

Misc. Information: \_\_\_\_\_

\_\_\_\_\_

Is there an E-mail address that we can use for you?  No  Yes - \_\_\_\_\_

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Reviewed by the Nominating Committee on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nominating Committee Chairperson signature: \_\_\_\_\_