NWT Disabilities Council

**BOARD OF DIRECTOR'S NOMINATION FORM**

NAME OF INDIVIDUAL BEING NOMINATED: _____

CONTACT NUMBER: _____

CONTACT EMAIL: _____

NAME OF INDIVIDUAL NOMINATING: _____ SELF: _____

If the individual is being nominated, is he/she aware and in agreement with accepting the nomination?
Y__ N__, If no, give brief explanation, _____

AREA(S) OF EXPERTISE: _____

BRIEF BIOGRAPHY OF THE INDIVIDUAL AND WHY THEY WOULD BE AN ASSET TO THE COUNCIL

** All Board members are expected to attend 75% of monthly meetings, be present at major fundraising events (when possible) and to serve on one committee. All nominees must have an active membership to be accepted as a nominee**