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 _____

Preferred Phone _____

Address_____

City/State/Zip_____

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

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Submitted by_____[please print]

Contact: Email_____Phone_____

Date_____