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Date Submitted:

*\*For Office Use Only\**

\_\_\_\_\_  
Received By:



ALUMNI  
VALDOSTA STATE UNIVERSITY

**ALUMNI ASSOCIATION BOARD NOMINATION FORM**

\*Nominee must be an alumnus/alumna of Valdosta State University.

Full Legal Name of Nominee: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ College of: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

Nominee's phone number: \_\_\_\_\_  
(Work) (Home/Cell)

Nominee's Email Address: \_\_\_\_\_

Nominee's Employer & Job Title: \_\_\_\_\_

Submitter Name: \_\_\_\_\_

Submitter Email: \_\_\_\_\_ Submitter Phone: \_\_\_\_\_

Please provide pertinent details of this person's activities at VSU and beyond.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you think this person would make a good Alumni Association Board member?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any family members and their relationship who also attended VSU/VSC.

\_\_\_\_\_  
\_\_\_\_\_

Please sign and date this form with the name of the nominating party.

\_\_\_\_\_  
Submitter's Name (Please print)

\_\_\_\_\_  
Submitter's Signature