



NOMINATION FORM

Name:

Company Name:

Current Board Position:

Are you a BIA or Women's Council Member? Yes No

IF NO: Are you a Spouse Family Member Employee of a BIA or Women's Council Member?

Please List Member's Name and/or Company Name: _____

Divisions: BIA/SC Orange County Riverside Greater Los Angeles/Ventura

Board of Director Position: Regional President Regional Vice President Division Chair
 Event Chair Board Member Division Vice Chair
 Membership Chair

Total # of Years on Women's Council Board of Directors (if applicable): _____

Total # of Years as a Member of Women's Council (if applicable): _____

Give a brief statement of qualifications including service on Women's Council committees and service to other boards and committees, industry related or non-industry related. (You may attach a separate sheet if you need more room.)

I attest that all information provided to the Women's Council of the BIA/SC is true and accurate to the best of my knowledge. I realize that any deliberate falsification of information is grounds for rejection of the application.

Signature:

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Send to: **Women's Council, c/o BIA-SC** • 1330 S. Valley Vista Drive, Diamond Bar, CA 91765
Phone: (909) 396-9993 • Fax: (909) 860-9170
E-Mail: info@womenscouncil.net • Website: www.womenscouncil.net