



# Century College Alumni Association

## BOARD MEMBERSHIP RECOMMENDATION FORM

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### NOMINEE'S CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ home/work/cell \_\_\_\_\_ home/work/cell

Employer \_\_\_\_\_ Email \_\_\_\_\_

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### REASON FOR NOMINATION

Does this person have an interest in serving on the Century College Alumni Association Board?    Yes    or    No

Key reason for nomination/which gap will this fill?     Supporter     Mentor     Access to Resources

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would the Century College Alumni Association and/or Century College benefit from having this person as a board member?

\_\_\_\_\_

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A copy of prospect's RESUME/BIO must be attached.

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Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form and nominee's resume/bio to the Alumni Relations Director. All recommendations will be reviewed by the Century College Alumni Association Governance Committee.