

BOARD OF DIRECTORS Nominations form

Title: _____

First Name: _____

Middle Name: _____

Last Name: _____

Home Address: _____

Home Phone: _____

Job Title: _____

Company: _____

Work Address: _____

Work Phone: _____

E-mail: _____

Why are you interested in serving on TIARC's Board of Directors? _____

What special skills &/or experience would you bring to the Board? _____

Signature: _____

If you have any questions, concerns, or recommendations, please call us at 881-4404 or E-mail: tiarc.board@gmail.com
Thank you very much!