

# NOMINATION APPLICATION FORM FRIENDS OF OCM BOARD OF DIRECTORS

*PLEASE PRINT OR TYPE:*

<b>NAME</b>	
<b>ADDRESS</b>	
<b>PHONE</b>	
<b>FAX/Email</b>	

**Please describe your qualifications, experience, strengths and resources that would make you a valuable member of the Friends of OCM Board:**

**Please describe why you would like to serve on the Friends of OCM Board of Directors:**

**I have read the Friends of OCM By-Laws (to receive a copy please call 920-236-5260) and will adhere to them if elected to the Board. (Initials): \_\_\_\_\_**

**Respectfully submitted:**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Completed nomination forms may be faxed to 920-236-5262 if followed by a mailed original. Please mail original to Friends of OCM, P.O. Box 1566, Oshkosh, WI 54901**

**(FRIENDS OF OCM USE ONLY: Received \_\_\_\_\_ )**