



**PART I – ADVISORY COUNCIL MEMBER NOMINATION FORM**

The Nonprofit Federation Nominating Committee seeks candidates from nonprofit organizations to serve on the DMANF’s Advisory Council, which is the top leadership for the organization. The Advisory Council positions serve a two-year term with a maximum of three terms.

For future consideration, please return this completed form to Alicia Osgood at the DMA Nonprofit Federation via fax 202.628.4383 or email to AOsgood@the-dma.org. A second form will be emailed to the nominee/sponsor upon receipt of Part I.

**NOMINEE INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Nonprofit Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

**SPONSOR INFORMATION** (Fill this box in ONLY if you are nominating an individual to serve.)

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Nonprofit Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

What is your relationship to the nominee? (Employer, employee, colleague, client)

\_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

Detail 3 reasons why the individual is qualified to serve on the DMANF Advisory Council:

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