

## Nomination Acceptance for MNDKSPAN Board of Directors

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

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

City: \_\_\_\_\_

State \_\_\_\_\_

ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Education:

Professional Experience:

Professional Achievements and Certifications:

Professional Membership:

Immediate Goals for MNDKSPAN:

Long Term Goals for MNDKSPAN:

I accept the nomination to serve on the MNDKSPAN Board of Directors in the capacity of \_\_\_\_\_ . I understand this is a two-year term commencing January 1, \_\_\_\_ and ending December 31, \_\_\_\_ . Signature & Date: \_\_\_\_\_