

**American Arabic Benevolent Association  
18 Cheriton Road  
West Roxbury, MA 02132**

**BOARD OF DIRECTOR NOMINATION APPLICATION**

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Profession: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Areas of expertise outside of your profession: \_\_\_\_\_  
\_\_\_\_\_

Why do you seek to become a member of the Board of Directors? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you do for AABA if elected/appointed as a Board of Director? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interests/Hobbies/Activities: \_\_\_\_\_  
Other Associations/Affiliations: \_\_\_\_\_  
Misc. Information: \_\_\_\_\_  
\_\_\_\_\_

Is there an E-mail address that we can use for you?  No  Yes - \_\_\_\_\_

Reviewed by the Nominating Committee on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nominating Committee Chairperson signature: \_\_\_\_\_