

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

BOARD OF DIRECTOR NOMINATION APPLICATION

NAME: _____

Address: _____

City/Town: _____ ST: _____ Zip: _____

Home Telephone: _____ Cell No.: _____

Email: _____

Profession: _____

Employer: _____

Address: _____

City/Town: _____ ST: _____ Zip: _____

Work Telephone #: _____ Fax #: _____

Email: _____

Areas of expertise outside of your profession: _____

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

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

Interests/Hobbies/Affiliations: _____

Other Associations/Affiliations: _____

Misc. Information: _____

Reviewed by the Nominating Committee on: _____ / _____ / _____

Nomination Committee Chairperson Signature: _____