



**SIUE Alumni Association
Board of Directors
Alumni Board Nomination Form**

Nominee Name:	
SIUE Graduation Year	Degree & Major:
Current/Past Board Position(s) (if applicable):	
Address, City, State, Zip:	
Home Phone Number	Cell Number:
Email:	Occupation:

Please state why you think this person would make a good Board Member:

I have spoken with the nominee and confirmed their interest in the position

Nominated by:	SIUE Grad Year:
Current/Past Board Position(s) (if applicable):	
Address, City, State, Zip:	
Phone Number:	Cell Number:
E-Mail:	Occupation:

SIUE Alumni Association Board of Directors serve for a minimum of three years and a maximum of six years. As a requirement to serve on the Board of Directors, each member agrees to: be an active paid member of the SIUE Alumni Association; attend at least two of the four board meetings per year; participate in at least one committee and participate in at least two events sponsored by the Association and/or University in a calendar year.

To nominate yourself or another alumnus/a, please complete this form and mail to:
SIUE Alumni Association
Campus Box 1031
Edwardsville, IL 62026-1031
FAX: 618-650-3694