

## Board Nomination Form

Thank you for your interest in becoming a PRSA Southeastern Wisconsin Chapter Board Member. For a complete description of all of our board roles, please visit:

<https://www.prsawis.org/volunteer/board-positions/>.

**First Name:**

**Last Name:**

**Title:**

**Company:**

**Address:**

**City/State/Zip:**

**Work Phone:**

**Cell Phone:**

**Email:**

Please answer the following questions and complete the signature authorization section below. All nominations will be reviewed by the PRSA Southeastern Wisconsin Chapter board and nomination committee.

- 1. Paste in your resume including listing of your positions in the PR field and job responsibilities.**
- 2. Please provide a 150-word bio of your current job responsibilities, qualifications, and past experience with professional associations, especially PRSA. If you are elected, a form of this bio will be included on the PRSA website.**
- 3. How long have you been a PRSA member?**
- 4. How long have you been a member of the Southeastern Wisconsin Chapter?**
- 5. Are you accredited in PRSA?**

**6. Are you a PRSA Fellow?**

**7. Have you ever been involved in this PRSA chapter or another chapter as an officer, committee chair or member, or assembly delegate? Have you been involved at the national level? If so, please list positions, dates, and a brief description of accomplishments.**

**8. If you have been involved in leadership positions in other non-profit organizations, please list those here. Provide a brief description of your role and accomplishments.**

**9. Please list any additional qualifications you would like the committee to consider.**

**Please consider me as a candidate for nomination to the position checked.**

- President-Elect
- Secretary
- Treasurer
- Board Member
- Assembly Delegate
- Membership Chairperson
- I am open to any role

**For the position you have indicated above, please feel free to offer any suggestions of what you might want to accomplish in 2017 in this role (for instance, in addition to what is outlined in the basic position description).**

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I have read the duties of the position checked and will agree to expend the time and, if required, fiscal obligations to serve if I am nominated by the committee and elected by the membership. By typing your name below, you fulfill your online signature requirement.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Send your completed form to Heidi Fendos at [heidi@fendospr.com](mailto:heidi@fendospr.com).