

**Advisory Council Nomination Form**

Nominee's Name:

Street Address:

City/ZIP:

Day Phone:

Evening Phone:

Email:

Employer:

Position/Title:

Street Address:

City/ZIP:

Type of Business:

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Relevant Professional and Personal Skills:

Related Experience:

Possesses Skills and Competencies in the Following Areas:

The Arts

Southeastern History

Other

Natural Science

Fundraising

(explain)

Collections

Special Events

Administration/Business

Marketing/Public Relations

Other Nonprofit (or Board) Experience:

Other Relevant Affiliations:

This person would be an asset to the Advisory Council because (use another page if necessary):

Additional Comments:

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Nominated By: \_\_\_\_\_ Date: \_\_\_\_\_

I have known the Nominee for \_\_\_\_ years