



AIDS Alliance Nomination Form Board of Directors Election March 2010

The following person is nominated for the position checked below (one nominee per sheet, please). Self-nominations are welcome. Nominees must agree in advance to be a candidate. A signed and completed *Nomination Form*, along with the personal statement, and resume are **due Friday, March 19, 2010**. Please check one Board seat category: Organizational or At-Large.

Name	<input type="checkbox"/> ORGANIZATIONAL SEAT	
Address	_____	
City	AIDS Alliance Member Organization (required)	
State/Zip	<hr/>	
E-Mail	Phone	Fax
	<input type="checkbox"/> AT-LARGE SEAT	

	If applicable, Part D or other program affiliation (optional)	

Answers to these questions will be shared with eligible voters.

Race/Ethnicity (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino/a <input type="checkbox"/> White/Caucasian (non-Hispanic) <input type="checkbox"/> Other _____	Gender (check all that apply) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender M/F <input type="checkbox"/> Transgender F/M <input type="checkbox"/> Other _____	(Check all that apply) <input type="checkbox"/> Consumer <input type="checkbox"/> Provider <input type="checkbox"/> Other Is the nominee willing to publicly disclose their HIV status? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Note: This will not impact on the candidacy or selection</small>
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Personal Statement and Resume (will be shared with eligible voters)

Include the nominee's personal statement (not to exceed 200 words) and resume. The statement should include skills, knowledge, qualities, and/or life experiences relevant to the position for which he or she is nominated. Remember to include the nominee's name at the top of all attached materials.

Statement of Understanding

The nominee understands the responsibilities of the office for which he or she has been nominated, and the nominee agrees to fulfill those duties should he or she be elected.

Nominee Signature

Date

Organizational Member Candidates

If the candidate is a nominee for an organizational member seat and is not the Part D grantee Project Director, by his/her signature below, the Project Director acknowledges that the nominee is affiliated with the Part D organization.

Project Directors Signature

Date

Complete nominations include the following:

- Completed *Nomination Form* (make sure the Statement of Understanding is signed)
- Personal Statement (not to exceed 200 words)
- Resume

**Signed nominations must be received by 5:00 p.m. EST
on Friday, March 19, 2010**

Mail and Express Mail:

AIDS Alliance 2010 Board Elections
c/o Betty Cabrera, Governance Committee Chair
AIDS Alliance for Children, Youth & Families
1600 K Street NW, Suite 200
Washington, DC 20006
Phone: 202-785-3564

Nominations can be faxed to 202-785-3579 and must be received by the deadline and be complete. However, originals should be mailed to AIDS Alliance as soon as possible.

Nominations via e-mail will not be accepted.