



IAPP Board of Directors Nomination Form

*This form can be used to nominate individuals to serve on the IAPP Board of Directors.
Please include the nominee's resume and return the completed form to the
IAPP Board Nominating Committee at the address below.*

NOMINEE: _____
Employer and Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (W)(_____) _____ (H)(_____) _____

If you are nominating yourself, please attach a short biography, including your professional prevention experience. If you are nominating someone else, describe the skills and talents of the nominee:

Nominator: _____ Date: _____

Please return this form and the biography to the IAPP Nominating Committee at:

***Indiana Association of Prevention Professionals, Inc.
1101 S. 13th St.
Terre Haute, IN. 47802***