



## **Board Member Nomination Form**

*Please provide information about the nominee:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

- Please attach a biographical sketch, resume or curriculum vita for the nominee
- Please attach a statement written by the nominee describing his/her reasons for wanting to serve on BIAA's Board of Directors. The statement must include acknowledgement of BIAA's Board Member job description and related policies. The statement may include a description of skills, experiences, interest areas or other information that is relevant to Board service.

*Please provide information about the nominator:*

Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

*Please mail, fax or email this information to:*

Nominating Committee  
Brain Injury Association of America  
1608 Spring Hill Road, Suite 110  
Vienna, VA 22182  
703.761.0755 – FAX  
shconnors@biausa.org