

Board of Trustees Nomination Form

Nominee Information:

Name: _____

Address: _____

Telephone: (____) ____ - _____ (home) (____) ____ - _____ (work)

Employed by: _____

Position/Title: _____

Nominee Qualifications:

- a) He/she shall be a member of ICCD in good standing
- b) He/she shall be a citizen or a permanent resident of USA
- c) He/she cannot be a member of the board of any other mosque in the capital region
- d) He/she must have participated and helped in the execution of activities at ICCD in the past two years

Prior experience: _____

Other nonprofit experience: _____

Education and skills that would add value to the Board: _____

Nominators:

Name: _____ Relationship: _____ Phone: (____) ____ - _____

Name: _____ Relationship: _____ Phone: (____) ____ - _____

Submitted by: _____ Phone: (____) ____ - _____

***PLEASE EMAIL COMPLETED FORM TO ELECTION@ICCDNY.ORG**