

**NOMINATION INFORMATION FORM  
BOARD OF DIRECTORS  
CLARION UNIVERSITY ALUMNI ASSOCIATION**

**Personal Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (      ) \_\_\_\_\_

Home E-mail \_\_\_\_\_

Home Fax (      ) \_\_\_\_\_

**Academic Information**

Academic Major \_\_\_\_\_ Year(s) of Graduation \_\_\_\_\_

Degree(s) Received \_\_\_\_\_

College (Education & Human Services, Arts & Sciences, Business Administration, etc.) \_\_\_\_\_

**Additional Education Information**

Additional Education (other than undergraduate degree)

\_\_\_\_\_  
\_\_\_\_\_

**Business Information**

Current occupation

\_\_\_\_\_

Company name/address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Business Phone (     ) \_\_\_\_\_ Ext. \_\_\_\_\_

Business Fax (     ) \_\_\_\_\_

Business E-Mail \_\_\_\_\_

**Employment Summary**

Years	Position	Firm
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Family Information**

If married, please indicate your spouse's name

\_\_\_\_\_

If married to a Clarion graduate, please indicate graduation year(s)

\_\_\_\_\_

Spouses degree(s)/major(s)

\_\_\_\_\_

If you have children, please indicate their names and dates of birth

\_\_\_\_\_

\_\_\_\_\_

**Board Involvement**

Would you be able to attend approx. five meetings a year on campus (usually Tuesday evenings)? \_\_\_\_\_

Are you able and willing to pay your own transportation and lodging expenses?

\_\_\_\_\_

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Have you been active in alumni efforts on behalf of Clarion University? If so, please provide a brief explanation

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If you are active in your community, please indicate major interest or areas of participation

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**Additional comments or information**

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**Please list general circulation newspapers in your area**

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**Your Signature**

**Date**

Please return to:

Seifert-Mooney Center for Advancement, Clarion University, 840 Wood Street, Clarion, PA 16214, Attn: Theresa Martin, CUA Executive Director