

MCA



Community Delegate Nomination Form

Candidate Information

Name _____

Home address _____

Home phone number _____

E-mail address _____

Work phone number _____

Employment/Position _____

Education _____

Please briefly describe why you are interested in serving as a MCA Community Delegate

Please circle any of the following skills or experience that the candidate possesses.

Finance, accounting

Management, administration

Cultural programming

Nonprofit experience

Fundraising and special events

Recreation and Aquatics

Public relations, communications

Contacts, networking

Community Management

Other _____

Submitted by

Name _____ Date _____

Phone _____ E-mail _____

Has this person been contacted to determine their interest in being nominated? ___ Yes ___ No

If "yes," would he/she be willing to serve by attending monthly community delegate meetings if elected? ___ Yes ___ No