



Arkansas Tech University Alumni Board Nomination Form

NOMINATIONS MUST BE RECEIVED OR POSTMARKED TO THE ALUMNI OFFICE NO LATER THAN OCTOBER 1ST

I am interested in (may select both): Alumni Board Young Alumni Council

Nominator Information: (Unless Self-Nominated):

Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Cell Phone: _____

Class Year: _____ Major: _____

Does Nominee have prior knowledge of this nomination? Yes _____ No _____

Nominee Information:

Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Cell Phone: _____

Class Year: _____ Major: _____

Occupation: _____

Spouse: _____ Class Year/Major: _____

Children: _____

Affiliation(s) while a student at Arkansas Tech (student organizations, athletics, groups, etc.): _____

Affiliation(s) with Arkansas Tech since graduation (alumni/university, Clubs, athletics, etc.): _____

What interests do you have for becoming an Alumni Board Member? _____

