



Nominate yourself or a colleague to be added to the candidate pool for future elections for the Diabetes Alliance of Idaho Board of Directors. Nominations will be kept on file for three years. Submission of nomination does not guarantee election to the board. Board positions are not compensated.

Diabetes Alliance of Idaho Board of Directors Nomination Form

Nominee Name: _____

Preferred Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred phone: _____

Preferred Email: _____

Are you a current DAI member? _____ **If applicable: Credentials:** _____

Employer/Company Name: _____

Job Title: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Area of professional expertise and/or personal interest: check all that apply:

- | | | | | |
|--|---|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Public Policy | <input type="checkbox"/> DPP | <input type="checkbox"/> DMSE | <input type="checkbox"/> Education/Educator |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Medical Profession | <input type="checkbox"/> Insurance | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Social Media/Web |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Media Relations | <input type="checkbox"/> Membership | <input type="checkbox"/> Fundraising | <input type="checkbox"/> HR |

Why are you interested in serving on the Diabetes Alliance of Idaho board or a committee?

List the other professional, nonprofit, or volunteer organizations in which you participate:

What volunteer or committee work interests you? _____

Submitted by _____

Date _____