



**NOMINATION TO THE**  
**INSTITUTE OF CERTIFIED FRANCHISE EXECUTIVES**  
**BOARD OF GOVERNORS**

**DEADLINE FOR RECEIPT OF NOMINATIONS IS AUGUST 1, 2016**

**I would like to nominate the following person to serve on the Board of Governors for a three-year term beginning February, 2017**

**Name of person** \_\_\_\_\_

**Name of company** \_\_\_\_\_

**Number of years with company** \_\_\_\_\_  
(Should be at least two years)

**Position with company** \_\_\_\_\_

**Company address** \_\_\_\_\_

**Business Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**1. Has this person served on any IFA committees? If so, please indicate which ones and dates of service:**

<u>Committee</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

**2. Has this person served as chair or vice chair of any committees? If so, indicate which ones and dates of service:**

**Committee**

**Dates**


3. **Has this person served as a speaker or roundtable leader at an IFA seminar, convention, or symposium, or been chair of a special project? If so, please list details below:**

**Project**

**Position**

**Dates**


4. **Please list other boards or advisory groups on which the nominee does/has served.**

**Board or Advisory Group**

**Dates of Service  
(Month/Year)**


5. **Please indicate other activities by nominee within and about franchising in general, e.g., speaker at a civic group, radio or television broadcast, or other public relations activity promoting franchising in general. (Please describe below.)**

Activity

Dates

_____	_____
_____	_____
_____	_____
_____	_____

**6. Does the candidate have the high degree of interest, financial resources, and adequate time available to serve actively on the Board? (Note: It is necessary to commit to at least three (3) board meetings annually. Members of the board volunteer their time and underwrite their own travel, hotel, and other incidental expenses.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Please summarize why the nominee would make a valuable contribution to the Institute of Certified Franchise Executives as a member of the Board of Governors.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of person submitting nomination (Candidate or Sponsor)**

**Title** \_\_\_\_\_

**Company** \_\_\_\_\_



Address \_\_\_\_\_

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

Business Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Date Submitted \_\_\_\_\_

Signature \_\_\_\_\_

**I have full knowledge of the contents of this nomination and hereby attest that I wish to be a candidate for nomination to serve on ICFE Board of Governors for a three-year term beginning February 2017.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The following materials must accompany this nomination:**

- \* Curriculum vitae of candidate

**PLEASE DO NOT FILL IN – FOR IFA HEADQUARTERS USE ONLY**

Date Received \_\_\_\_\_

By \_\_\_\_\_

Acknowledged \_\_\_\_\_

By \_\_\_\_\_

Final Notification \_\_\_\_\_

Date \_\_\_\_\_

**Mail or fax to the attention of John Reynolds, ICFE, 1900 K St., NW, Suite 700, Washington, DC 20006 Fax: 202-628-0812.**

