Asperger’s Association of New England (AANE)

Board of Directors Nomination Form

The purpose of the Asperger’s Association of New England (AANE) is to improve the quality of life of people with Asperger’s Syndrome by developing programs which foster awareness, respect, acceptance, and support for individuals with Asperger’s Syndrome and their families.

We are accepting nominations for our volunteer Board of Directors, to be elected at our next Annual Meeting in October. Board members must be motivated people with a passion for furthering the purposes of AANE. Board members meet monthly (on the 2\textsuperscript{nd} Tuesday night of each month except August), and may also sit on AANE committees that focus on specific aspects of administration and programming. Board members are elected for a three-year term.

Please use this form to nominate an individual to the board. Anyone may submit a nomination. Self-nomination is welcome. All nominations will be reviewed by a Nominating Committee. Selected individuals will be contacted by the Committee and presented to the Board of Directors for election.

Please return the completed form to: AANE Nominating Committee, AANE, 85 Main Street, Suite 101, Watertown, MA 02472.

**Nominee’s Information**

Name __________________________________________________________________

Address ________________________________________________________________

Home phone _________________________ Work Phone_________________________

Cell Phone ___________________________ Email ___________________________

Nominee is a(n): (Disclosure is Voluntary)

☐ Adult with AS  ☐ Parent of an individual with AS  ☐ Relative of a person with AS

☐ Professional who works with someone with AS  ☐ Teen with AS  ☐ No connection to AS

☐ Other _______________________________
### Occupational Experience/Information

Current Occupation________________________________________________________

Title ___________________________________________________________________

Company/Organization_____________________________________________________

Company Address_________________________________________________________

Phone___________________________________________________________________

Professional or Other Experience (if relevant to board membership)______________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

### Volunteer Experience

Prior or Current AANE Volunteer, or Other Service Provided to AANE? □ Yes □ No

Describe: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Membership on Board of Directors of other organizations? □ Yes □ No

Name and Address, and Type of Organization (s) ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other Relevant Volunteer Experience _________________________________________

________________________________________________________________________
Why is this nomination being made? What are this Nominees strengths and/or skills, and what can he or she add to AANE as a member of the Board of Directors?

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Is there anyone else the nominating committee can talk to about this person?

Name _______________________________  
Contact Information _______________________________________________________

Individual submitting Nomination (if other than self-nomination)

Name ___________________________________________________________  
Address ___________________________________________________________  
________________________________________________________________________

Phone__________________________  Cell Phone__________________________

Email __________________________________________________________________

Relationship to Nominee ________________________________________________