

## 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<sup>nd</sup> 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 \_\_\_\_\_

\_\_\_\_\_

