



**NOMINATION TO THE
FRANCHISE EDUCATION
AND RESEARCH
BOARD OF TRUSTEES**

DEADLINE FOR RECEIPT OF NOMINATIONS IS AUGUST 1, 2016

I would like to nominate the following person to serve on the Board of Trustees for a three-year term beginning January 31, 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

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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 two (2) 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 Foundation as a member of the Board of Trustees.

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 the IFA Educational Foundation Board of Trustees for a three-year term beginning January 31, 2017.

Signature _____ Date _____

The following materials must accompany this nomination:

- * Bio/Resume

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
IFA Educational Foundation
1900 K Street, NW, Suite 700, Washington, DC 20006
Fax: 202-628-0812