



# Board of Directors Nomination Form

Coalition of Citizens with Disabilities in Illinois

Date: \_\_\_\_\_ Name of Nominee: \_\_\_\_\_

What position would you like to nominate this person for?

1st Vice President

Treasurer

Regional/Assistant Regional Director (Please Circle) Region \_\_\_\_\_

Address: \_\_\_\_\_

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

Chapter/Advocacy Action Team: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone or E-mail: \_\_\_\_\_

Has this nominee been a member of CCDI in good standing for the calendar year prior to this nomination? \_\_\_\_ Yes \_\_\_\_ No

How has this nominee been involved with CCDI in the past? Feel free to attach pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_

List all other professional or volunteer experience. \_\_\_\_\_

\_\_\_\_\_

**Please attach a statement about why you feel this nominee is qualified.**

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Chapter/Advocacy Action Team: \_\_\_\_\_ Other Contact: \_\_\_\_\_

**Nov 20, 2009**

is the deadline to be considered for  
inclusion on the slate of candidates.

Return this form to:  
CCDI Nominating Committee  
300 E. Monroe, Suite 100  
Springfield, IL 62701  
(800) 433-8848 (V/TTY)

or  
Fax to: (217) 522-7024  
E-mail to:  
ccdi@ccdionline.org