

# MCA

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## Community Delegate Nomination Form

### Candidate Information

Name \_\_\_\_\_

Home address \_\_\_\_\_

Home phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Work phone number \_\_\_\_\_

Employment/Position \_\_\_\_\_

Education \_\_\_\_\_

Please briefly describe why you are interested in serving as a MCA Community Delegate

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

Please circle any of the following skills or experience that the candidate possesses.

Finance, accounting

Management, administration

Cultural programming

Nonprofit experience

Fundraising and special events

Recreation and Aquatics

Public relations, communications

Contacts, networking

Community Management

Other \_\_\_\_\_

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### Submitted by

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Has this person been contacted to determine their interest in being nominated? \_\_\_ Yes \_\_\_ No

If "yes," would he/she be willing to serve by attending monthly community delegate meetings if elected? \_\_\_ Yes \_\_\_ No