



**CGFNS INTERNATIONAL, Inc. (CGFNS)  
Officer Nomination/Consent-to-Serve Recommendation Form**

PLEASE USE A SINGLE FORM FOR EACH NOMINEE

I would like to submit the following name for consideration for an Officer for the CGFNS Board of Trustees.

Name: \_\_\_\_\_

Occupation/Current Position: \_\_\_\_\_

Outline the Nominee's strengths and potential contributions as an Officer of the CGFNS Board of Trustees  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Fax Number: (    ) \_\_\_\_\_

The above person is being recommended for the following position:

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> PRESIDENT | <input type="checkbox"/> VICE PRESIDENT |
| <input type="checkbox"/> SECRETARY | <input type="checkbox"/> TREASURER      |

I have discussed membership on the CGFNS International Board of Trustees with this person.

Yes\_\_\_\_ No\_\_\_\_

Please sign and print your name and indicate your mailing address in the space below.

\_\_\_\_\_  
Signature (please print name)

\_\_\_\_\_  
Organization Name and Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date:



OFFICER POSITION

**NO NOMINEE IS CONSIDERED WITHOUT A SIGNED CONSENT-TO-SERVE FORM**

I consent to serve, if elected, as an Officer of the Board of Trustees of CGFNS INTERNATIONAL, for the office of \_\_\_\_\_ . (*Indicate office*)

Name (Including credentials): \_\_\_\_\_

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

Phone Number: ( ) \_\_\_\_\_

Facsimile Number: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Nomination Submitted by:

Name: \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

**Return all nomination materials to:**  
**Charmaine Rudder**  
**Attn: Nominations Committee**  
**CGFNS International, Inc. Suite 400,**  
**3600 Market Street**  
**Philadelphia, PA 19104**  
**Phone: 215-243-5814**  
**Fax: 215-387-7497**  
**E-mail: [crudder@cgfns.org](mailto:crudder@cgfns.org)**

Signature \_\_\_\_\_

Name of Nominee (please print) \_\_\_\_\_

Signature of Nominee \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE:**

1. Nominees not chosen for current positions may be considered as a nominee for future positions on the CGFNS Board of Trustees or CGFNS/ICHP Committees, if available.
2. **NOMINEES ARE REQUIRED TO SUBMIT A CURRENT CV and BIOSKETCH ALONG WITH THIS CONSENT-TO-SERVE FORM.**