



GOLDEN GATE RESTAURANT ASSOCIATION BOARD OF DIRECTOR NOMINATION FORM

Name: _____ Title: _____

Company Name: _____

Corporation Partnership Proprietor

Address: _____ City: _____ State: ____ Zip: _____

Business Phone: (____) _____ Fax: (____) _____

Email: _____

PROSPECTIVE DIRECTOR NOMINATION

I am interested in serving on the GGRA Board of Directors. Please contact me to discuss the responsibilities and duties.

I wish to recommend the following member as a candidate for Director of the Golden Gate Restaurant Association .

Name _____ Title _____

Firm _____ Phone (____) _____

Current or past involvement with the GGRA (committees, special events, industry issues, etc.)

Service _____ Year _____

Service _____ Year _____

Leadership Experience (either in employment or through volunteer services in professional or community organizations)

Service _____ From _____ To _____

For (organization) _____

Other: _____

Please state why you or your recommendation will be an asset to the Board of Directors of the GGRA.

Signature _____ Date _____

COMMITTEE VOLUNTEER NOMINATION

I am interested in serving on the following committee(s). Please contact me to discuss the responsibilities and duties.

EDUCATION COMMITTEE MEMBERSHIP COMMITTEE GOLF COMMITTEE

SCHOLARSHIP FOUNDATION

PLEASE COMPLETE AND RETURN THIS FORM TO GGRA