

FCHS Alumni Association

Board of Directors Nomination Form



Name of Nominator: _____

Address: _____

Email address: _____

Phone number: _____ Class: _____

Alumni Member? Annual _____ Lifetime _____ Neither _____

Name of Nominee: _____

Address: _____

Email address: _____

Phone number: _____ Class: _____

Alumni Member? Annual _____ Lifetime _____ Neither _____

Please describe the reasons why you feel this alumnus should be considered for board membership:

Have you contacted this nominee and received his/her commitment to serve for a term of up to three years with attendance at five regularly scheduled meetings? yes _____ no _____

Signature _____ Date _____

Please mail by Nov.1st to:
FCHS Alumni Association
PO Box 91266 Louisville, Ky 40291