

**Association of Fundraising Professionals, Greater Cleveland Chapter  
Board Member Recommendation Form**

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

**Nominator's Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

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***Nominee's Information***

**Name:** \_\_\_\_\_ **CFRE:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Current Place of Employment:** \_\_\_\_\_

**Position:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Tenure with Current Employer:** \_\_\_\_\_

**Years of membership with AFP/NSFRE/OCFRE:** \_\_\_\_\_

**List current and past voluntary service with AFP/NSFRE/OCFRE (i.e. committee participation). Please be specific and complete:**

**List other boards/committees the nominee serves:**

Please add any other qualifications or pertinent details describing how the nominee would benefit the AFP, Greater Cleveland Chapter board (use the back of this form if necessary):