



NICHOLLS STATE UNIVERSITY ALUMNI FEDERATION **BOARD NOMINATION FORM**

Nominee's name (include maiden name if married): _____

Single Married

Spouse's name: _____ Number of children: _____

Mailing address: _____

Phone numbers: _____ (cell) _____ (work)

Email address: _____

Are you connected on: Facebook Twitter LinkedIn Instagram

Degree(s) earned: _____ Year(s) of graduation: _____

Spouse's degree(s) earned: _____ Year(s) of graduation: _____

Major extracurricular activities and honors while at Nicholls (Greek, student government, Who's Who, etc.):

Professional background (career, involvement in professional/community organizations, etc.):

All nominees must be dues-paying members of the Nicholls Alumni Federation as of **Feb. 15, 2025**. Your signature:

Date: _____

Your nominee's signature:
