



CANDIDATE RECOMMENDATION FORM

Please email to nycAFP@nycAFP.org by Friday, July 8, 2016:

Please print:

OFFICER/BOARD POSITION: _____

CANDIDATE NAME: _____

TITLE: _____

COMPANY: _____

BUSINESS ADDRESS: _____

TELEPHONE/FAX: _____

EMAIL: _____

DOES THE CANDIDATE HAVE ANY BOARD OR COMMITTEE EXPERIENCE? IF SO, PLEASE LIST BELOW (PLEASE INDICATE ANY SPECIFIC AFP EXPERIENCE):

RECOMMENDED BY: _____ SELF: _____(check)

COMPANY: _____ TITLE: _____

PHONE: _____ EMAIL: _____

A COPY OF THE RECOMMENDATION FORM, AS WELL AS A FULL RESUME, MUST BE RECEIVED NO LATER THAN FRIDAY, JULY 8, 2016.

SEND TO: Association of Fundraising Professionals

MAIL: 355 Lexington Avenue, 15th Floor
New York, NY 10017-6603

EMAIL: nycAFP@nycAFP.org