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**Executive Board**

Bernard M. Grayson Jr. *President*

Donna E. Davis

*Vice President at Large*

Calvin Rice

*Regional Vice President*

Dr. Frank Jenkins

*Treasurer*

Monica D. Green

*Financial Secretary*

Jamie Brown

*Secretary*

Elizabeth Hall

*Corresponding Secretary*

Joyce NeSmith Nixon

*Sergeant-at-Arms*

### UDCNAS 2024 NOMINATION FORM

### The University of the District of Columbia National Alumni Society Committee announces a call for nominations for the University of the District of Columbia National Alumni Society leadership positions. Members must use the official UDCNAS 2024 nomination form to submit their nominations. The form can be sent by US mail or can be emailed. The completed UDCNAS 2024 Nomination must be submitted by 5:00 p.m. on Friday, March 15, 2024

### Nomination Eligibility Criteria

### Pursuant to Article IX (included) each member shall be afforded the opportunity to nominate candidates for office. Officers must be elected by majority vote cast by members.

### NOMINATOR INFORMATION

### NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### FIRST LAST MAIDEN MI

### ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### STREET CITY STATE ZIP CODE

### HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### YEAR(S) GRADUATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEGREE(S) EARNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### NOMINAEE INFORMATION

### NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### FIRST LAST MAIDEN MI

### ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### STREET CITY STATE ZIP CODE

### HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YEAR(S) GRADUATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEGREE(S) EARNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please respond to these three questions**.

1. Please tell us why the Nominee is best qualified to serve as an UDCNAS Officer.
2. Please describe how the nominee’s experience will contribute to the success of the UDCNAS:
3. Please list all known professional and/or volunteer affiliations:

Nomination forms via U.S. Mail are due to the addresses below March 15, 2024

UDC Office of Alumni Affairs

Attention: UDCNAS

4200 Connecticut Avenue NW

Washington DC 20008

E-mail due by Close of business March 15, 2024

udcnas.org