**Nomination for Theatre Scarborough Board S2020/21**

*This form should be completed and submitted to the* ***Theatre Scarborough Board Nominations Chair, Katherine Turner*** *via email at* [*agm@theatrescarborough.com*](mailto:agm@theatrescarborough.com) *by no later than 11:59pm on Tuesday, August 18, 2020. Your name, membership, biography, and statement along with the type of nomination will be shared with the voting membership. No contact information will be shared.*

| **Name of Nominee:** | |  | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Email of Nominee:** | |  | | | | | | |
| **Current Membership:** *(mark all that apply)* | | **Scarborough Music Theatre** | | |  | **Scarborough Players** |  |
| **Scarborough Theatre Guild** | | |  | **Not currently a member** |  |
| **Nomination for:** | | **President** | | |  | **Member at Large** |  |
|  | |  | | | | | | |
| **Please provide a 100 to 150 word biography about yourself** | | | | | | | | |
|  | | | | | | | | |
| **Please provide a 100 to 250 word statement about: a. what skills you bring to the Board, and  b. why you want to serve on the Board** | | | | | | | | |
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| **Nomination - Please complete A or B** *(Nominations will be verified. The type of nomination will be shared with the voting membership, but not contact information.)* | | | | | | | | |
| **A. Production Company Board Nomination** | | | | | | | | |
| **Name of Production Company:** | | |  | | | | | |
| **Board meeting date of Nomination:** | | |  | | | | | |
| **B. Member Nomination** *(Please list 5 current members and their email addresses who support your nomination)* | | | | | | | | |
| Please list five current members from any of the production companies that support your nomination along with a contact email address. *(Current membership of a production company of the nominator will be verified)* | | | | | | | | |
| **#** | **Name** | | | **Email address** | | | | |
| **1** |  | | |  | | | | |
| **2** |  | | |  | | | | |
| **3** |  | | |  | | | | |
| **4** |  | | |  | | | | |
| **5** |  | | |  | | | | |

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