



**NOMINEE ACTIVITY REPORT: Deadline *Friday, May 19, 2017***

To assist the Nomination Committee in giving full and fair consideration to your nomination, please complete all sections of the activity report (typed or printed). Please do not substitute a resume for completion of this form. NOTE: This information is needed to assist the Nomination Committee and will be kept confidential and not shared with the general membership.

*CHECK POSITION(S) FOR WHICH NOMINATION(S) IS ACCEPTED*

- President-elect**     **Nominating Committee Member**

**Nominee Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Telephone: (Direct Line) \_\_\_\_\_ Fax Number: \_\_\_\_\_ Office E-mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Biographical Data**

**Gender:**     **Female**     **Male**

**Ethnic Origin:**

White     American Indian/Alaskan Native African-  
 American/Black     Native Hawaiian/Pacific Islander  
 Hispanic/Latino     Asian     Other

Highest Degree Earned & Year Awarded: \_\_\_\_\_ Institution: \_\_\_\_\_

**Higher Education Employment Experience (list most recent first)**

Year to Year	Title	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MACRAO and Related Professional Activities**

Number of years as MACRAO member \_\_\_\_\_ Total number of MACRAO meetings attended \_\_\_\_\_ Number of meetings attended in past five years \_\_\_\_\_

Number of years as AACRAO member \_\_\_\_\_ Total number of AACRAO meetings attended \_\_\_\_\_ Number of meetings attended in past five years \_\_\_\_\_

Please provide a list of your activities in MACRAO regional and state organizations as well as other professional associations, including offices held and committee memberships. List the most recent first. If offices or committee memberships were for more than one year/term, list each term separately. If you made presentations in state, regional, or national meeting sessions, please include the presentation topic. Additional information may be listed on an attachment to this form. Please do not substitute a resume for completion of this section.

Year to Year	MACRAO or Other State/ Regional/ AACRAO Activities
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Organization Name	Committee Name	Dates	Member	Chair

Presentation Title	Name of Conference/Event Where Presented	Date

Year to Year	Other Professional Organizations/Affiliations or Offices Held
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Below, please include your personal statement to the Nomination Committee. This statement should address your interest in the position(s) to which you have been nominated, your qualifications and any goals you might have for this position. Please use the back for additional space.

Additional statement space below

Signature of Nominee: \_\_\_\_\_

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

Activity Report Deadline: Submit the completed form, emailed, postmarked or faxed by **May 19, 2017** to the Chair of the Nomination Committee:

**Libby Bonnell, MACRAO Past President**  
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