



Board Member Nomination Form

Please provide information about the nominee:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

- Please attach a statement, resume, or curriculum vita for the nominee
- Please attach a statement written by the nominee stating his/her reasons for wanting to serve on BIAAR's Board of Directors. The statement must include a description of skills, experience, interest areas or other information that is relevant to Board service.

Please provide information about the nominator:

Name: _____

Phone: _____ Email: _____

Please mail or email this form to:

Brain Injury Alliance of Arkansas
19 Sablewood Dr.
Greenbrier, AR 72058

Arkansasbia@gmail.com