



Board Member Nomination Form

(Please print)

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone (H): _____

Phone (C): _____

Phone (W): _____

Professional background (can attach resume):

Community participation:

over

Family/Personal (optional):

Other:

Board member reference: _____

Date: _____

Please return document to:

Iroquois School District Foundation
Attn: Executive Director
800 Tyndall Avenue
Erie, PA 16511