



**Board Member Application Form (Referral Form)**

**Use this form to nominate a friend, colleague or Family Connection Leader.**

Nominator's name:

Nominator's email address:

Nominator's phone number:

How do you know nominee:

**Information about the Nominee:**

Name:

City, State they reside in:

Email:

Phone:

**Special Skills:**

Please indicate your nominees level of expertise in the following areas:

1 = highly experienced, 2 = proficient, 3 = some experience, 4 = no experience

Fundraising \_\_\_\_\_

Legal \_\_\_\_\_

Personal / Human Resources \_\_\_\_\_

Influencing / Advocacy \_\_\_\_\_

Finance / Accounting \_\_\_\_\_

Scientific Research / Clinical / practitioner  
background \_\_\_\_\_

Business \_\_\_\_\_

Prior nonprofit board experience \_\_\_\_\_

Marketing / Public Relations \_\_\_\_\_

Other \_\_\_\_\_

IT / Technology \_\_\_\_\_

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**Professional Background:**

To the best of your knowledge what is the nominees' professional role:

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**Question:**

In 250 words or less please state why your nominee should be considered for Board of National Education Alliance for Borderline Personality Disorder and how NEABPD will benefit from their involvement.

To nominate a friend, colleague or FC leader to the NEABPD board, please email this form or the answers to the questions on this form to [abby@neabpd.org](mailto:abby@neabpd.org).

Thank you for your nomination!

*February 2020*