IndyPride Board of Directors NOMINATIONS FORM

I, of Directors of Indy Pride, Inc., a with the corporation's By-laws.	•	nominator's minee's name) non-profit con	for the posit	ion of Me	mber of	
Please provide the following info	ormation re	egarding nomir	nee:			
Nominee's full name:						
Nominee's address:			City			
Nominee's Phone: ())	0	2	ell hom	State e work	Zip
Nominee's E-mail address:						
Is Nominee a resident of the State	e of Indiar	na? Yes	No			
How long has Nominee been a member of Indy Pride, Inc.?						
Is Nominee at least 21 years of age? Yes No						
Please include any additional information you believe supports this person's nomination on the reverse side or on an additional sheet of paper.						
Nominator's Signature	Da	te				
All nominations must receive two in good standing.	o (2) seco	nds, and those	nominators	must be In	dyPride	members
I hereby second the above nomin	ation.					
Name Phone	e-mail	Name		Phone	e-m	ail
Signature	Date	Signature			Date	
P0	dberg@ind O Box 4440	Executive Direct Sypride.org or vid 3, Indianapolis, inations Commit	a U.S. mail at IN 46244		-mail at	
Date Received:			on Accepted:	Yes N	0	
Criteria Satisfied:	By-laws S	By-laws Signed & Received: Yes No				