

## New Board Member Nominator Form

*(Please complete one of these for each person you nominate and return it with the nominee form to MCA by **Oct. 12, 2018**).*

**NOMINEE NAME:** \_\_\_\_\_

**NOMINATOR NAME:** \_\_\_\_\_

**NOMINATOR PHONE # (day):** \_\_\_\_\_

***Please check all that apply below:***

This person is being nominated to fit the following requirements in **MCA's Bylaws**:

- To serve a Regional Arts Council region (Region \_\_\_\_\_)
- From an organization receiving MSAB Operating Support.
- Resides in the seven county metro area.
- Resides in greater Minnesota.

This person is being nominated because I believe they will **bring the following qualities to the MCA board**:

- A willingness to work, to come to meetings, and to participate in Advocacy Day, and to be a vocal arts advocate.
- Nominee has political connections, is a political strategist and/or has an understanding of the political process (please comment):
- Nominee has clout within their organization and the ability to communicate the messages and needs of MCA to their peers, and visa versa.
- Nominee provides other balance in terms of representing the state or the arts community. (please comment):

<input type="checkbox"/> DFL	<input type="checkbox"/> <b>Political Affiliation of Person Nominated (if known):</b> GOP	<input type="checkbox"/> Reform/Independent	<input type="checkbox"/> Other
<b>Legislative District Number (if known):</b> _____			

**Any other information about the nominee that you think we should know:**

# MCA Board Nominee Form

## Call for Nominations:

Minnesota Citizens for the Arts is soliciting nominations for its Board of Trustees.  
Terms begin November, 2018 and will last for two years. Interested?  
Fill out this form and return it **by OCT. 12, 2018** to:

MCA, 661 LaSalle St #220 St Paul MN 55114  
Phone 651-251-0868 Fax 651-917-3561  
[staff@artsmn.org](mailto:staff@artsmn.org) [www.artsmn.org](http://www.artsmn.org)

NOMINEE: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Work Address:

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Organization (If appropriate): \_\_\_\_\_

Title (If appropriate): \_\_\_\_\_

Legislative District # (If unknown, MCA can identify it for you): \_\_\_\_\_

Experience with your local arts community:

Political Experience (desired, but not necessary):

Why are you interested in serving on the MCA Board of Trustees?