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 November 13, 2020).

| 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):

<table>
<thead>
<tr>
<th>Political Affiliation of Person Nominated (if known):</th>
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<tbody>
<tr>
<td>[ ] DFL</td>
</tr>
<tr>
<td>[ ] GOP</td>
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<tr>
<td>[ ] Reform/Independent</td>
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<tr>
<td>[ ] Other</td>
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| Legislative District Number (if known): ________ |

Any other information about the nominee that you think we should know:
Call for Nominations:
Minnesota Citizens for the Arts is soliciting nominations for its Board of Trustees.
Terms begin December, 2020 and will last for two years. Interested?
Fill out this form and return it by November 13, 2020 to:

MCA, 661 LaSalle St #220 St Paul MN 55114
Phone 651-251-0868 Fax 651-917-3561
staff@artsmn.org 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?