



*"Lifting As We Climb"*

**National Association of Black Accountants, Inc.  
National or Regional Officer  
Nomination Form**

Candidate Name: \_\_\_\_\_  
Position Sought: \_\_\_\_\_  
Chapter Affiliation: \_\_\_\_\_  
Year joined NABA: \_\_\_\_\_  
Certification (e.g., CPA, CMA, CIA, CFP)\*: \_\_\_\_\_  
Advance Degree (e.g., MBA, MS, PHD)\*: \_\_\_\_\_

NABA Board of Directors positions held: \_\_\_\_\_ Fiscal Year \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NABA National committees actively served on,  
including position held: \_\_\_\_\_ Fiscal Year \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NABA Regional positions held,  
excluding Regional President: \_\_\_\_\_ Fiscal Year \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NABA Local Chapter positions held,  
including Chapter Presidency: \_\_\_\_\_ Fiscal Year \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*During the Certification Phase, you will be required to submit support for your certifications and/or advanced degrees.

\_\_\_\_\_  
NOMINEE (PLEASE PRINT)

\_\_\_\_\_  
NOMINATOR (PLEASE PRINT)

\_\_\_\_\_  
NOMINEE (Signature)      DATE

\_\_\_\_\_  
NOMINATOR (Signature)      DATE