

NOMINATION FORM

PLEASE MAIL OR FAX THIS FORM TO THE NADD OFFICE POSTMARKED NO LATER THAN June 22, 2018.

FAX (845) 331-4569

You may photocopy this form for multiple recommendations. You are encouraged to supplement your recommendations with any background or biographical material that you feel would be helpful to the Board Development Committee in reaching its decision.

The following minimal criteria for consideration for board nomination are a NADD member a) currently in good standing with sustained membership for several years, b) demonstrated contribution to the field of dual diagnosis, and c) notable contribution to NADD through conference participation, publications and/or related committee work. Committee participation is expected of all Directors. Directors need not come from clinical backgrounds. NADD is looking for diversity and a range of skill sets for example, development, accounting, legal, etc. The Board Development Committee will review all candidates who meet the criteria and select candidates for placement on the ballot.

MAIL TO:

BOARD DEVELOPMENT COMMITTEE
132 FAIR STREET
KINGSTON, NY 12401

FAX TO:

BOARD DEVELOPMENT COMMITTEE
845-331-4569

I recommend the following individual for consideration as a nominee for election to the NADD Board of Directors.

NAME: _____

TITLE: _____

ADDRESS _____

TELEPHONE NO: _____ FAX NO: _____ E-MAIL ADDRESS _____

MEMBER OF NADD SINCE: _____

CONTRIBUTIONS TO NADD (COMMITTEE, CONFERENCE PARTICIPATION OR PRESENTATION, PUBLICATIONS):

CONTRIBUTIONS TO THE FIELD OF DUAL DIAGNOSIS: _____

REASON FOR RECOMMENDATION AS A NADD BOARD MEMBER: _____

RECOMMENDED BY: _____

ADDRESS: _____

TELEPHONE NO _____ FAX NO _____ E-MAIL ADDRESS _____