



BSA COALITION
Director Nomination Form

<i>NOMINEE'S CONTACT INFORMATION</i> (Please complete all sections)	
Name of Nominee	
Present Position/Exact Title	
Company/Organization/Institution	
Address	
City, State/Province, ZIP/Postal Code, Country	
Phone/Fax	
E-mail	

<i>SUPPORTING DOCUMENTATION ENCLOSED WITH NOMINATION FORM</i> (Please check all that are submitted)	
<input type="checkbox"/>	I. Nominee's Professional Record
<input type="checkbox"/>	II. Significant Accomplishment Information
<input type="checkbox"/>	III. Nominee's Association Activities Information
<input type="checkbox"/>	IV. Nominator Information
<input type="checkbox"/>	V. Nominator's Recommendation

The Committee encourages electronic submittal of the Resume and the nomination form.

Submit this form along with **one** copy of the nomination package (complete form and all supporting materials) and send to:

BSA Coalition Nomination Committee
c/O Donna Kitchen, Coalition Sponsor
Hampton Roads Bankshares, Inc.
112 Corporate Drive
Elizabeth City, NC 27909

Phone: 252-331-4003
Fax: 252-384-6975
Email: donnakitchen@gwf.com



BSA COALITION

Director Nomination Form

NOMINEE'S PROFESSIONAL RECORD

- I. NOMINEE'S PROFESSIONAL RECORD (RESUME) INCLUDING EMPLOYMENT HISTORY** (Please attach Resume and provide brief highlights paragraph here as needed.)

SIGNIFICANT ACCOMPLISHMENT INFORMATION

- II. EVALUATION OF PROFESSIONAL ACCOMPLISHMENTS** (Please detail accomplishments in the spaces below.)

NOMINEE'S ASSOCIATION ACTIVITIES INFORMATION

- III. EVALUATION OF SERVICE** (Please list any committees, organizations or associations in which the nominee holds a position(s) or provides services related to BSA/AML efforts. Please provide a brief description of services performed or position and duties.)

NOMINATOR INFORMATION

- IV.** Name:
Company:
Contact Info:

NOMINATOR'S RECOMMENDATION

- V.** Please describe, in your own words, what talents, attributes, etc. you feel the nominee could bring to the coalition.

Method for Evaluating Nomination

- Evaluation of Professional Accomplishments
- Evaluation of Service to the Association

COMMITTEE RECOMMENDATION

Decision:

- Approved Declined
 Term: 1 Yr. ____ 2 Yrs ____ 3 Yrs ____
 Letter sent to nominee

Committee Chairperson: _____