



**CALVIN COOLIDGE ALUMNI ASSOCIATION**  
BOARD OF DIRECTORS  
NOMINATION FORM

**EACH NOMINEE SHOULD MEET THE FOLLOWING CRITERIA:**

- Agree to accept the nomination
- A graduate of Calvin Coolidge High School

NOMINATOR NAME:

E-MAIL:

PHONE:

**OFFICE OF THE PRESIDENT**

NOMINEE NAME:

E-MAIL:

PHONE:

NOMINEE NAME:

E-MAIL:

PHONE:

**OFFICE OF THE VICE-PRESIDENT**

NOMINEE NAME:

E-MAIL:

PHONE:

NOMINEE NAME:

E-MAIL:

PHONE:

**OFFICE OF THE TREASURER**

NOMINEE NAME:

E-MAIL:

PHONE:

NOMINEE NAME:

E-MAIL:

PHONE:



**CALVIN COOLIDGE ALUMNI ASSOCIATION**  
**BOARD OF DIRECTORS**  
**NOMINATION FORM**

**OFFICE OF THE SECRETARY**

NOMINEE NAME:

E-MAIL:

PHONE:

NOMINEE NAME:

E-MAIL:

PHONE:

**AT-LARGE REPRESENTATIVE**

NOMINEE NAME:

E-MAIL:

PHONE:

NOMINEE NAME:

E-MAIL:

PHONE:

NOMINEE NAME:

E-MAIL:

PHONE:

YEAR OF COOLIDGE GRADUATION:

MEMBER OF ALUMNI ASSOCIATION:    YES            NO

CURRENT OFFICER OF CCAA:            YES            NO

FORMER OFFICER OF CCAA:            YES            NO