

NOMINATION FORMS ARE ACCEPTED ONLY FROM VOTING MEMBERS



With the Name of Allah, the Most Benevolent, the Most Merciful

ISLAMIC CENTER OF NAPERVILLE

450 Olesen Drive / 2844 West Ogden Avenue, Naperville, IL 60540

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URL: <http://www.IslamicCenterofNaperville.org>

NOMINATION FORM FOR 2019

BOARD OF DIRECTORS [Majlis-e-Shura]

(Term Effective 1/1/2020-12/31/2021)

Important: Please nominate up **to five (5) candidates**. The nominator must be a Voting Member in good standing (i.e., all dues have been paid).

The deadline for submitting Nomination Forms is by 'Isha on Friday, November 22, 2019. Please e-mail your completed Nomination Form to: elections@icnmasjid.org
PLEASE CONFINE YOUR NOMINATIONS TO BE ELIGIBLE MEMBERS ON THE VOTERS LIST.

A person must have been a voting member for at least **twenty-four consecutive months** preceding the day of elections in order to be eligible to be nominated.

A nominee for Board election must be an active ICN community member. An active ICN community member is defined as an active contributing member to the charter of one or more ICN committees in service to the ICN community for at least the last twenty-four months prior to the current elections.

To: The Election Committee: I would like to nominate the following person(s) as candidate(s) for election to the Board of Directors of the Islamic Center of Naperville. I have received his/her/their consent to place his/her/their name(s) in nomination:

Candidate's Name	e-Mail Address	ICN committee/chair	Phone Number
1.			
2.			
3.			
4.			
5.			

I have read and understood the requirements of eligibility for election to the Board of Directors from Article VI, Section 4 of the by-laws of Islamic Center of Naperville. I know the above candidate(s) and I believe that this(these) person(s) is(are) well-qualified to serve The Center as a member of its Board of Directors.

If needed, I will be available to provide further information about this(these) candidate(s):

NOMINATED BY:

Date: _____

Name: _____

Telephone: _____

Address: _____

City, State & Zip: _____

e-Mail: _____

Signature: _____