

# BOARD MEMBERSHIP NOMINATION MATERIALS



**NICOA is seeking Board members to fill seven positions. If you are interested or you know of an outstanding Elder representative or professional that can represent your area, please provide them with this information. The Deadline for nomination to the Board is**

**August 31, 2018.**

Only original forms received by mail with payment will be accepted by August 31, 2018 to NICOA  
ATTN: Executive Director,  
One Executive Center  
8500 Menaul Blvd. NE, Suite B-470,  
Albuquerque, NM 87112  
Checks, money orders, cashier's checks, and credit cards are acceptable forms of payment.  
Cash **will not** be accepted.

**FILING FEE IS \$35.00**

# BOARD MEMBERSHIP NOMINATION FORM

The NICOA Board of Directors is comprised of American Indian and Alaskan Native Elders, aged 55 or over. Board members represent each of the 12 NICOA Regions; and one member representing the National Association of Title VI Grantees, and will follow that organization's own elections process. The positions up for election during the 2018 conference include: (Term 2018-2022)

**Alaska Region** – AK

**Great Plains Region** – ND, SD, NE

**Midwest Region** – IA, MI, MN, WI, IL

**Rocky Mountain Region** – MT, WY

**Pacific Region** - CA

**Southern Plains Region** – KS, Western OK, TX

**Southwest Region** – CO, NM

VACANT Positions –

**Rocky Mountain Region** – MT, WY

**Title VI Grantees Association** - Title VI Director (will follow that organization's own election process)

## The roles and responsibilities of the Board members include:

- Ensuring the organization's mission and purpose are realized;
- Supporting and evaluating the Executive Director's performance;
- Ensuring the organization has adequate resources through fundraising to carry out its mission;
- Monitoring the allocation of these resources and ensuring the legal and ethical integrity of the organization;
- Representing the organization at local, regional and national events;
- Working cooperatively with fellow Board members to proactively represent the Elders from the area that elected you; and
- Avoiding conflict of interest between the work of NICOA and other organizations to which you belong.

When considering whether to serve as a Board member of NICOA, you must evaluate the time you have to devote to the fundraising, advocacy, and governance responsibilities required of each Board member. It is truly an honor to represent and serve fellow elders, but it is also a substantial time commitment that should be considered very carefully. Board members are not allowed to be paid for the services they provide on behalf of NICOA, a non-profit organization.

## *To become a NICOA Board member you must:*

- Step 1:** Be 55 years old or older, an enrolled member of a federally recognized tribe, AND a current Dues Paying Voting Member of NICOA.
- Step 2:** Submit a complete board nomination petition with current resume. The petition must be signed by fifteen Elders of federally recognized Tribes and notarized. If it is not signed by fifteen eligible individuals and **is not notarized, it will not be accepted.**
- Step 3:** Submit this NICOA Board Membership Nomination form, NICOA Board of Directors Application Form, Current Resume, and the Board of Directors Nomination Petition Form, completed by a bonafide nominating organization, along with requested documentation and notarized, and pay the \$35 filing fee.
- Step 4:** Mail all required forms and payment by **August 31, 2018** to NICOA, Attn: Executive Director, 8500 Menaul Blvd. NE, Suite B-470, Albuquerque, NM 87112. Checks, money orders, and cashier's checks are acceptable forms of payment. Cash will not be accepted. **DEADLINE for SUBMISSION: Postmarked by August 31, 2018**

**ONLY** Indian Elders aged 55 and over who are paid members of NICOA are eligible to vote and run for Board positions. Elections will be held in September, 2018 during the biennial conference. *No proxy or absentee Ballots are allowed.*

**\*If nominated on the floor you MUST complete a board packet and pay the applicable fees by the end of the conference.**

**ALL REQUIRED FORMS, FEE, AND SUPPORTING DOCUMENTATION MUST BE RECEIVED BY NICOA AND POSTMARKED BY AUGUST 31, 2018**

# BOARD OF DIRECTORS APPLICATION FORM

Please check all that apply:

**Sponsor:** [ ] Federally-recognized Tribe  
[ ] Urban Indian Organization  
[ ] Elder Council  
[ ] Other: \_\_\_\_\_

**Must be:** [ ] Current Dues paying, Voting member of NICOA

**Name of Nominee:** \_\_\_\_\_

**NICOA Membership #:** \_\_\_\_\_ **CDIB#:** \_\_\_\_\_

**Tribe:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Personal/Cell Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email(required):** \_\_\_\_\_

Please include your **resume** that highlights your **experience in the field of Indian Aging, health or social services, whether personal or professional.**

Please prepare a complete **written statement** responding to the following questions: *(If nominated during the caucus session, please provide to NICOA by end of conference)* you can use the last page of this packet for your answers.

1. What do you feel are the three most important issues facing American Indian and Alaska Native (AI/AN) Elders today?
2. Describe your experiences as an advocate within your community, your state, region, or on a national basis.
3. Describe your fundraising experience and what types of support and resources you could bring to NICOA.
4. Describe how you are connected to the Elders in the area you are seeking to represent. Provide detailed examples of the networking and outreach you have done previously within your area.
5. Are you available to travel and represent the organization within your area, at national meetings and before Congress in Washington, DC? Describe how you and/or the Tribe/organization sponsoring you will cover your travel costs associated with serving on the NICOA Board. Please list your sponsoring tribes and organizations.
6. What is your vision for the Nation Indian Council on Aging's continuing work with AI/AN Elders?

**NOTE:** *NICOA Board Nomination Committee will review your complete packet and notify you if your nomination is accepted. If accepted, your resume will be provided to your designated caucus for vote. You will be asked to present your campaign speech before your caucus for vote.*

# Board of Directors Nomination Petition Certification Form

## Certification

The undersigned (resident of the area to be represented) certifies that the signatures on this petition are those of the required fifteen (15) individuals' named, all of whom reside in the area stated, are age 55 or older, and are members of a federally-recognized Tribe.

I, \_\_\_\_\_ am a current dues paying Voting member of NICOA, 55 years of age or older, and enrolled in a federally recognized tribe.

### STATEMENT OF NOTARY PUBLIC:

*Seal Here*

\_\_\_\_\_  
Signature of Certifying Individual (person circulating form)

\_\_\_\_\_  
Print or Type Name of Certifying Individual

\_\_\_\_\_  
Address (Street, City, PO Box, State and Zip code)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

NOTE: The signature should be that of the person circulating the petition, which can attest that the individuals named did indeed affix their signatures and are residents of the Area to be represented. Any interested Tribal member aged 55 or older may sign the petition.

\_\_\_\_\_  
Primary Organization or Tribe Sponsoring Nominee

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Email Address

**Mail this form with the Board of Directors Application Form, the Nomination Petition Form,  
and \$35 Filing Fee**



# Board of Directors Nomination Petition Form

The undersigned Indian Individuals are age 55 or over, and current dues paying,

Voting Members of NICOA, residing in: \_\_\_\_\_

Region: \_\_\_\_\_

Tribal Community, Reservation, City, State or Community hereby nominates for membership to the National Indian Council on Aging Board of Directors:

\_\_\_\_\_  
 Name of Nominee Tribe

\_\_\_\_\_  
 Street Address Telephone

\_\_\_\_\_  
 City, State, Zip Email

NAME	ADDRESS	TRIBE C.D.I.B./Census #	AGE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

