



Nebraska Society of CPAs Board of Directors Nomination Form

CONTACT INFORMATION

Name: _____ Title: _____
 Firm/Company: _____
 Address: _____ Home: Work:
 City, State & Zip: _____ Cell Phone: _____
 Email: _____ Work Phone: _____

QUALIFICATIONS

Educational Background: _____

Work Background: _____

Society Involvement: _____

Other Activities: _____

WHY DO YOU WISH TO SERVE ON THE NESCPA BOARD?

Please return, along with a résumé, by mail or email to:

Nebraska Society of CPAs
 ATTN: Nominating Committee
 7435 O Street, Suite 100
 Lincoln, NE 68510
society@nescpa.org

Nomination Deadline: July 14, 2021