

# 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 ARE YOU RECOMMENDING THIS INDIVIDUAL OR WHY DO YOU WISH TO SERVE?

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](mailto:society@nescpa.org)

**Nomination Deadline:** June 20, 2025