|  |  |
| --- | --- |
| Nominee’s Name: |  |
| Email Address: |  |
| Cell Phone: |  |
| Company Name: |  |
| ISACA Member Number: |  |

**Submitting This Form:**

Email the completed form to nominations@isacasfl.org

**Preference(s) of Position on the Board of Directors:**

You may choose up to three positions for nomination. If more than one position is included, indicate the priority by writing a number of preference (“1” indicates the first choice, “2” is the second choice, and “3” is the third choice).

|  |  |
| --- | --- |
| \_\_\_ President (2-year officer term) | \_\_\_ Vice President (2-year officer term) |
| \_\_\_ Secretary (2-year officer term) | \_\_\_ Treasurer (2-year officer term) |
| \_\_\_ Director of Academic Relations | \_\_\_ Director of Marketing |
| \_\_\_ Director of Certification | \_\_\_ Director of Membership |
| \_\_\_ Director of Communications | \_\_\_ Director of Programming |
| \_\_\_ Director of Corporate Relations | \_\_\_ Director of Volunteer Activities |
| \_\_\_ Director of IT Governance/COBIT | \_\_\_ Director at Large |

**Eligibility:**

Check the boxes below, indicating the nominee’s eligibility to serve.

* The nominee has signed the willingness to serve agreement (attached).
* The nominee has signed the conflict of interest disclosure form (attached).
* The nominee has read the [chapter bylaws](https://higherlogicdownload.s3.amazonaws.com/ISACA/a085a583-e841-4dbe-a215-60cf6d98e036/UploadedImages/isacasf-bylaws-revised.pdf) and agree to abide by them.
* The nominee has read the [chapter privacy policy](https://engage.isaca.org/southfloridachapter/privacypolicy) and agrees to abide by it.

Describe the nominee’s previous participation with or support for ISACA South Florida. Also provide examples of the nominee’s leadership and experience that demonstrates acumen and ability to perform adequately as member of the Board of Directors for ISACA South Florida.

Why is the nominee a good fit for the position(s) nominated, and what would the nominee accomplish specifically related to the position(s)?

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DD/MM/YY

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Willingness to Serve Agreement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that I am a member in good standing
 (print name)

of the ISACA South Florida Chapter, and I wish to be considered by the Nominating Committee as a candidate to run for election to the Board of Directors.

(Check the following, as appropriate.)

* As a director, I understand that I am expected to serve a one-year term.
* As an officer, I understand that I am expected to serve a two-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws and privacy policy, as well as other policies and procedures established by the Board of Directors. I certify that all the information I have provided to ISACA South Florida is true and accurate, and I understand that in the event any of the information is not true and accurate, ISACA South Florida may remove me as a candidate for the election. I hereby grant ISACA South Florida permission to verify any information that I have provided.

I acknowledge that I have read and accept the duties detailed by the [chapter bylaws](https://engage.isaca.org/southfloridachapter/aboutchapter/bylaws).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as a Director, my actions have a direct reflection on the reputation and image of ISACA South Florida. Accordingly, it is necessary that I disclose any activities or circumstances in my professional or personal affairs that may constitute a conflict of interest to those of the chapter or bring harm to ISACA South Florida’s reputation. I have attached any such necessary disclosure to this agreement.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DD/MM/YY

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conflict of Interest Disclosure Form**

**Note**: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominee’s other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict of Interest Form should indicate whether the nominee has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominee. The nominee should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant organizationally established requirements and guidelines in financial conflicts must be abided by.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

\_\_\_\_\_ I have no conflict of interest to report.

\_\_\_\_\_ I have the following potential or actual conflict(s) of interest to report. Specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DD/MM/YY

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_