



# ISACA®

South Florida Chapter  
ELECTION NOMINATION FORM  
2026-2028

E3

<b>Nominee's Name:</b>	
<b>Email Address:</b>	
<b>Cell Phone:</b>	
<b>Company Name:</b>	
<b>ISACA Member Number:</b>	

**Instructions:**

You may nominate yourself or another qualified candidate. Please email completed nomination forms to [nominations@isacasfl.org](mailto:nominations@isacasfl.org) **by 5 pm on Friday, April 3, 2026**. ISACA South Florida elections will be open from **Monday, April 13<sup>th</sup>, 2026, to Friday, April 24<sup>th</sup>, 2026**.

**Preference of Position on the Board of Directors:**

Please select **ONE** role that you are interested in running from the list below. If multiple roles are selected, the nomination committee will select the first one listed.

The roles and responsibilities are described in the [chapter bylaws](#).

**Officers:**

The following positions are for **TWO-YEAR TERMS** (June 1, 2026 to May 31, 2028)

President

Vice-President

Secretary

Treasurer

The following positions are for **ONE-YEAR TERMS** (June 1, 2026 to May 31, 2027)

**Directors: (SELECT ONE ONLY)**

Director of Academic Relations

Director of Marketing

Director of Certification

Director of Programming

Director of Communications

Director of Volunteer Activities

Director of Corporate Relations

Director at Large

Director of Membership



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**Please Note:**

- Officer positions are 2-year terms and Director positions are 1-year terms.
- There is a limit of 3 Director-at-large positions on the Board.

**Eligibility:**

Please 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](#), the [role/position descriptions](#) and agrees to abide by them.
- The nominee has read the [chapter privacy policy](#) and agrees to abide by it.

**Question 1**

Please 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.

**Question 2**

Please explain the reason why the nominee is a good fit for the position nominated, and what the nominee intends to accomplish with regard to the position?



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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: \_\_\_\_\_



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**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 one of the following, as appropriate)

- As an Officer, I understand that I am expected to serve a two-year term.
- As a Director, I understand that I am expected to serve a one-year term.

I also understand that I must familiarize myself with and abide by the chapter bylaws (including the minimum participation requirement of attending 50% of all chapter events) 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](#).

I further understand that I may need to obtain approval from my Organization/Employer to serve and that in my capacity as an Officer or 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: \_\_\_\_\_



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