

**NOMINATION FORM**  
**FOR MEMBERSHIP ON BQLT BOARD OF DIRECTORS of**  
**Brooklyn Queens Land Trust (BQLT)**

Please return by snail mail this form to:

Brooklyn Queens Land Trust, Attn: Nominations Committee  
677 Lafayette Avenue, Brooklyn, New York 11216  
or

Email: [BQLTNominations@optimum.net](mailto:BQLTNominations@optimum.net)

*Deadline for Nominations is February 13, 2012*

**A. GENERAL INFORMATION ABOUT NOMINEE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Eve): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Check One - *Please Note: A separate form is required for each nomination.*

**BQLT Gardener Board Member** Garden: \_\_\_\_\_

**Resource Board Member** (Non BQLT Gardener): \_\_\_\_\_

**Nominations Committee:** \_\_\_\_\_

**Briefly describe why this person would be a valuable addition as a BQLT Board Member.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. TO BE COMPLETED BY NOMINEE OR BOARD MEMBER SEEKING RE-ELECTION**

Please provide the following information.

➤ **Why do you wish to serve (or continue to serve) on the BQLT Board of Directors?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ **What is your profession? Where are you employed? Please attach your resume!**

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➤ **Describe your past or present BQLT committee activities or volunteer contribution:**

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➤ **Are you or have you served on Boards of other not-for-profit organizations? List**

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We seek Board Members to serve on or to head a BQLT Committee and assist with work necessary to the organization. **The Board meets once a month for up to 3 hours.** We estimate that a Board Member will contribute a minimum of 50 hours a year attending BQLT Board and Committee meetings, funding events and fact-finding. We want you to be aware of this minimum required involvement and believe that you will find personal satisfaction from your role in helping BQLT's growth, development, and in your contribution to the surrounding communities.

Will you be able to commit time/hours to BQLT activities?

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Do you understand what will be required of you? YES / NO: \_\_\_\_\_

**Name of person filling out this form:**

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

**Print:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Nominating Committee:**

Brothel Dean, Chairperson;

Edna Wade, Dorothy Mills representing Member Gardeners.

Ena McPherson and Farrah Hamlett representing the BQLT Board