

**UNIVERSITY OF CALIFORNIA AT BERKELEY
PUBLIC HEALTH ALUMNI ASSOCIATION BOARD OF DIRECTORS**

2008 - 2009 NOMINATION FORM

Name of Nominee _____ Program _____

Degree(s) _____ Graduation Yr(s) _____

Home Address _____

City/State/Zip _____

Work Address _____ Title _____

City/State/Zip _____

Daytime Phone _____ FAX _____ Evening Phone _____

E-Mail _____

Please indicate services rendered, position, and date(s) of service to the University of California/School of Public Health as a student or alumnus/a:

Community Service and Awards:

Qualities/abilities which would contribute to the Public Health Alumni Association Board of Directors:

(Signature)

(Date)

Return to:
Public Health Alumni Association
c/o School of Public Health
417 University Hall #7360
Berkeley, CA 94720-7360 or FAX: 510-643-8753

Please submit by mail or fax by January 28, 2008.