D/A
Durham Art Gallery

The Durham Art Gallery Board of Directors Nomination Form

NOMINEE INFORMATION:

Name: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

NOMINATOR INFORMATION

Name: _____

Signature: _____ Date: _____

NOMINEE EXPERIENCE AND BACKGROUND

Current Employer: _____

Position: _____

Education Level: _____

Indicate Non-profit Board/Committee you have served on:

Gallery Hours: Tuesday to Friday, 10am-5pm; weekends and holidays, 1-4pm
251 George Street East, Durham ON N0G 1R0
info@durhamartgallery.com

Charitable Registration Number: 10727 0878 RR0001

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Are you a member of the DAG?

If yes, indicate total years of membership:

Have you ever served on the DAG Board of Directors?

If yes, indicate total years served on Board:

INTEREST IN DAG:

Why do you want to serve as a Director on The Durham Art Gallery's Board? (include any relevant professional or personal experience)

Please indicate which of the following skills/experience you have (check all that apply)

a) Advocacy
b) Business Planning
c) Charity Law
d) Finance
e) Fundraising
f) Governance
g) Human Resources Management
h) Information Technology
i) Legal
j) Marketing & Communication
k) Non-Profit Accounting
l) Policies & Procedures
m) Risk Management
n) Stakeholder Engagement
o) Strategic Planning

What area of Board work are you most interested in from the list above?

Please mail, email, or bring the completed form to the Gallery.

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