



Nebraska Society of CPAs Board of Directors Nomination Form

CONTACT INFORMATION

Name: _____ Title: _____
Firm/Company: _____
Address: _____ Home: Work:
City, State & Zip: _____ Cell Phone: _____
Email: _____ Work Phone: _____

QUALIFICATIONS

Educational Background:

Work Background:

Society Involvement:

Other Activities:

WHY DO YOU WISH TO SERVE ON THE NESCPA BOARD?

Please return, along with a résumé, by mail or email to:

Nebraska Society of CPAs
ATTN: Nominating Committee
7435 O Street, Suite 100
Lincoln, NE 68510
joni@nescpa.org

Nomination Deadline: June 19, 2024