



Young Professional Leadership Committee

Cystic Fibrosis Foundation
Greater NY Chapter – Long Island Office

Nomination Form

I nominate: *(self nominations are acceptable)*

Name: _____

Occupation: _____ Age: (optional) _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Please describe the qualities & experiences that make this individual a strong candidate for the Young Professional Leadership Committee. Please include business affiliations and accomplishments, personal traits and any past or present volunteer roles. Please feel free to use an additional page to complete this section of the Nomination Form.

Nominated by: _____

Phone: _____ Email Address _____

Nominees will be contacted directly for further information.

Please forward this Nomination Form to:

Arlene Dayboch, Director, Special Events
Cystic Fibrosis Foundation - Greater NY Chapter - Long Island Office
425 Broad Hollow Road, Suite 318 Melville, NY 11747
Phone: 516-827-1290 Fax: 516-827-1295 Email: Adayboch@cff.org