

**MULTIETHNIC ADVOCATES FOR CULTURAL COMPETENCE**  
**NOMINATIONS FOR BOARD OF DIRECTORS**  
**2008 ELECTION**

NAME OF NOMINEE \_\_\_\_\_

ADDRESS OF NOMINEE \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Category: Consumer\* \_\_\_\_\_, Consumer/Family Member\*\* \_\_\_\_\_, At-Large \_\_\_\_\_

Please provide a short (500 words or less) summary of the skills, experience, qualities and/or qualifications of the above nominee that you believe qualify this person to serve as a MACC director and bring a perspective that would assist us with our mission. Attach your bio/resume.

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Race \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_ Culture(s) \_\_\_\_\_

(This information is requested in order to ensure our organization reflects the racial/ethnic/cultural/geographic diversity and perspectives of our state)

\_\_\_\_\_  
Name of Nominator

\_\_\_\_\_  
Phone number and email address of Nominator

Please submit this written nomination to the Multiethnic Advocates for Cultural Competence by mail 1335 Dublin Road, Suite 105C, Columbus, Ohio 43215, fax 614-487-9320, or email [yaldea@maccinc.net](mailto:yaldea@maccinc.net) by August 15, 2008. A slate will be prepared and emailed/mailed to each MACC member to vote for the eligible seats. An objective proctor will be appointed to count the ballots and the slate will be presented at the annual meeting for election.

\* "Consumer"-An individual of any age, race, gender or ethnicity who is/has received behavioral health services.

\*\* "Family Member"-A family member of an individual of any age, race, gender or ethnicity who is/has received behavioral health care services.