

Citizen Member Nomination Form

| Candidate | |
|------------------------------|--------------------------|
| First Name | |
| Last Name | |
| ARC District | |
| Primary Residence Address | |
| Email | |
| Phone | |
| Nominator(s) | |
| Candidate BIO Attached | Please be sure to attach |

Return this form to Charissa White-Fulks at <u>cwhite-fulks@atlantaregional.org</u>

atlantaregional.org

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