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Governing Council Nomination

International Society of Certified Employee Benefit Specialists

Nomination information (Please print clearly)

First name of person nominated _____ M.I. _____ Last name _____
Employer _____
Title _____
Address _____ Business Home
City _____ State/Province _____ Country _____ ZIP/Postal code _____
Phone _____ Fax _____
Email _____

Nominator information (Please print clearly)

First name of nominator _____ M.I. _____ Last name _____
Employer _____
Title _____
Address _____ Business Home
City _____ State/Province _____ Country _____ ZIP/Postal code _____
Phone _____ Fax _____
Email _____ Date of birth (mm/dd/yyyy) _____
(Optional)
Signature _____ Date _____

Note: This nomination will not be considered valid unless the profile information has been filled out and signed by the nominee and attached to this form. Nominations must be postmarked by August 15, 2019.

