



ASIA PACIFIC
TRANSGENDER
NETWORK

Regional Steering Committee Member Nomination Form 2018

Self-nominated	<input type="checkbox"/>
Nominated by 3 rd party	<input type="checkbox"/>

Candidate Information

Name:

Gender identity:

Nationality:

Age:

Home address:

Home phone number:

E-mail address:

Work phone number:

Employment/Position:

Education:

Previous experience (if any) with (name or org)

Please check any of the following skills or experience that the candidate possesses.

- | | |
|---|---|
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Management, administration |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Nonprofit experience |
| <input type="checkbox"/> Fundraising and special events | <input type="checkbox"/> Contacts, networking |
| <input type="checkbox"/> Public relations, communications | <input type="checkbox"/> Budget planning |
| Other | Other |



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Current Affiliations or organizations the candidate belongs to (e.g., advisory board, memberships).

Submitted by

Name

Date

Phone

E-mail

Has this person been contacted to determine their interest in being nominated? Please check the box.

Yes No Not applicable

Thank you for your nomination