



DIRECTOR RECOMMENDATION FORM

Candidate Information

Name: _____

Address: _____

Telephone: (_____) _____ Alternate Telephone: (_____) _____

E-mail Address: _____

RSCM Membership: Affiliate Institution (Name and Location: _____)
(check all that apply) _____

Individual

Friend

Short Biographical Sketch: _____

Name and Location of person providing the above recommendation, if different than the Candidate:

The Director will:

- Attend Board of Directors overnight meetings in January and August
- Be available for additional conference call meetings as needed
- Be a liaison between the Board, RSCM members, and the community at large
- Participate in RSCM local and regional events
- Serve a three-year term on the Board of Directors to be completed in January 2020, with the possibility to serve a second consecutive three-year term

Due date for receipt of this form at the RSCM America Office: **MONDAY, MARCH 27, 2017**

E-mail this form to:

office@rscmamerica.org

or mail to **RSCM America Office, Westminster Choir College, 101 Walnut Lane, Princeton, NJ 08540**