Thank you for nominating a candidate to be considered for an MSF Trustee position. As the nominator, please ensure that the candidate (nominee) meets the minimum criteria and submit the application to MSF on their behalf.

Please complete this **form** and collect the following documents from the candidate:

- **Signatures on this document** by the nominator (page 1) and nominee (page 2);
- **Curriculum Vitae/Resume** from nominee;
- Letter of Intent from nominee;
- □ Names and contact information for two Subud members who can be contacted as references.

The above documents should be submitted to MSF at **amanda.rivera@msubuhfoundation.org** by January 15, 2024, with email subject as follows: "[CANDIDATE NAME] - Nomination, MSF Trustee 2023-2024."

Name of Nominator	
Position	(a) National Chairperson of their country, (b) current MSF (b) Trustee, or (c) World Subud Council member
Email Address	
City, Country	
Phone Number	

Please tick the following boxes to indicate your understanding as the Nominator:

- I verify that I am currently serving as either (a) National Chairperson, (b) MSF Trustee, or (c) World Subud Council member.
- □ I understand the minimum criteria to serve as an MSF Trustee and recommend the candidate without reservation.
- □ I verify that the Curriculum Vitae and Letter of Intent that I will submit to MSF were received from the candidate.

Signature: _____ Date (mm/dd/yyyy):_____

MSF Trustee Nomination Form 2023-2024 To be completed by nominee (page 2)

Name of Nominee (Candidate)	
Email Address	
City, Country	
Phone Number	

Name of Subud Reference #1	
Email Address	
Phone Number	
Name of Subud Reference #2	
Email Address	
Phone Number	

Please tick the following boxes to indicate your understanding of the commitment:

- □ I read, understood and meet the criteria to perform the role of an MSF Trustee.
- □ I tested with local and/or national helpers before submitting my application.
- □ I will send my Curriculum Vitae/Resume and Letter of Intent to my nominator.
- □ I will forward 2 referral forms from my references to my nominator.
- □ I agree to sign a Conflict of Interest statement as well as a Non-Disclosure Agreement if appointed as an MSF Trustee.

Signature: _____ Date (mm/dd/yyyy):_____