Governor Recommendation Form

For Service Commencing Fiscal Year 2019

Please complete the information below and attach a resume/CV. Be sure to complete all three pages and save the file with a new filename. Before you send the file, please make sure your information has saved correctly and is still there when you reopen the file. Submit the completed form and resume via email to governance@cfainstitute.org.

15 October 2017 is the submission deadline for candidates to be considered for governor terms commencing fiscal year 2019.

		MR.	MISS	MS.	MRS.	DR.	PROF.	REV.	HON.
FA INSTITUTE IDENTIFICATION #	RELATIONSHIP TO CANDIDATE	PREFIX (CHE	CK ONE)						
FIRST (GIVEN) NAME	MIDDLE NAME OR INITIAL		LAST NAM	E (SURNA	ME OR FAM	ILY NAME)			
E-MAIL ADDRESS (MUST BE LEGIBLE TO ALLO	OW RECEIPT OF IMPORTANT COMMUNICATION	NS) TELEPHO	NE NUMBE	ER (INCLU	DE COUNTR	Y CODE, AI	REA OR CITY	' CODE, ANI) LOCAL)
S THE CANDIDATE AWARE OF THIS RECOMM	ENDATION? YES NO								
andidate Information									
	YES NO	MR.	MISS	MS.	MRS.	DR.	PROF.	REV.	HON.
CFA INSTITUTE IDENTIFICATION #	CHARTERHOLDER	PREFIX (CHE	CK ONE)						
FIRST (GIVEN) NAME	MIDDLE NAME OR INITIAL		LAST NAM	E (SURNA	ME OR FAM	ILY NAME)			
ADDRESS LINE 1									
DDRESS LINE 2									
CITY	STATE/PROVINCE	P(OSTAL COD	E		COUNTR	Υ		
E-MAIL ADDRESS (MUST BE LEGIBLE TO ALLO	OW RECEIPT OF IMPORTANT COMMUNICATION	NS)							
				OF COUNT	DV CODE A	REA OR CIT	TY CODE, AN	ID LOCAL)	
ELEPHONE NUMBER (INCLUDE COUNTRY CO	ODE, AREA OR CITY CODE, AND LOCAL)	FAX NUMBI	ER (INCLUE	JE COUNT	RY CUDE, AI				
	DDE, AREA OR CITY CODE, AND LOCAL)	FAX NUMBI	ER (INCLUE	JE COUNT	RY CODE, AI				
JRL TO LINKED IN PROFILE	DDE, AREA OR CITY CODE, AND LOCAL)	FAX NUMBI			RY CUDE, AI				
TELEPHONE NUMBER (INCLUDE COUNTRY CO	DDE, AREA OR CITY CODE, AND LOCAL)				RY CUDE, AN				
JRL TO LINKED IN PROFILE	DDE, AREA OR CITY CODE, AND LOCAL)				RY CUDE, AI				
JRL TO LINKED IN PROFILE	DDE, AREA OR CITY CODE, AND LOCAL) NAME OF INSTITUTION				RY CUDE, AI				
JRL TO LINKED IN PROFILE EMPLOYER ducational Background					RY CUDE, AI				



Please continue completing the information below.

Con	nmitment to C	CFA Instit	ute					
1.	Please specify	the cand	lidate's volu	nteer involv	ement with CFA Institute and its societies.			
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D	! ! 							
Proi	essional Exp	erience						
2.	Please list any	other pro	fessional de	signations	earned by the candidate.			
		_					-	
3.	How many yea	irs of expe	erience does	the candic	date have in the investment industry?			
	0-1	2-4	5-7	8-10	10+			
4.	In which of the	e following	g industry ar	eas has the	e candidate worked? (Please check all tha	t apply.)		
	Academi	c Instituti	on		Equity	Mutual Fund/Investment Co.		
		ve Investr	ments		Fixed Income	Plan Sponsor		
	Audit				Government/Regulatory	Private Wealth Risk		
	Bank Broker-d	ealer/Inve	stment Ban	k	Hedge Funds Insurance	Other		
	Consulti		Stricit Barr	K	Investment Mgt. Counseling	other		
_							J	
5.	5. What current or previous roles has the candidate filled? (Please check all that apply.)							
		el Execut			Investment Banking Analyst	Real Estate Investment Manager		
	Compliar	nce Analys	st/Ufficer		Investment Consultant Investment Strategist	Regulator/Supervisor of Investment Firm Securities Trader		
		e Finance	Analyst		Portfolio Manager	Security/Investment Analyst		
		es Analys			Private Client Investment Advisor	Valuator of Closely Held Business		
	Economi				Professor/Instructor	Venture Capital Analyst		
	Institutio	nal Sales	Professiona	d	Quant. Investment/Risk Analyst			
Plea	nse continue to ti	he next pag	ge.					



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Please continue completing the information below.

		sheet was think we did so be to				
	Briefly outline the professional accomplishments, skills, and experience that you think would make the candidate an asset to the Board of Governors. Please attach the candidate's resume to this form.					
Othe	ther Volunteer Experience					
	 Please describe any non-CFA Institute volunteer activities, including lea participated in. 	dership positions, the candidate has				
Plea	Please attach the candidate's resume/CV when submitting this form.					

