



# FOBANA®

Federation of Bangladeshi Associations in North America (FOBANA)

[www.fobana.info](http://www.fobana.info)

**2024-2025**

## Executive Committee Nomination Form

- 1** Fill in the form      **2** Print it      **3** Mail it with payment (or pay online)

Or complete the membership form online using the link: <https://fobanacentral.org/membership-form-details/>

### Position Seeking (Please Select One):

- Chairperson (\$500)     Vice Chairperson (\$500)     Executive Secretary (\$500)  
 Joint Secretary (\$300)     Treasurer (300)     Outstanding Member (\$100)     Exec. Member (\$100)

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of FOBANA Organization the applicant is currently a member: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Term of Exec Committee (Start to End): \_\_\_\_\_

### Insert at least one Nominator (*Nominators must be any past or present EC members*) :

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Requirement

1. Nomination Fee must be paid before August 15, 2024, and it's non-refundable unless withdrawn by August 25, 2024.
2. For FOBANA Executive Committee Nomination Application please
  - a. Complete the Executive Committee Nomination Form
  - b. Pay the Nomination Fee

Please pay the Nomination fee via Zelle ([FOBANAc@GMAIL.COM](mailto:FOBANAc@GMAIL.COM)) or PayPal by scanning the QR code below or visit

[www.fobanacentral.org/Online Payment](http://www.fobanacentral.org/Online Payment)



[www.paypal.com/ncp/payment/Q5L5D9ZJ95J9C](https://www.paypal.com/ncp/payment/Q5L5D9ZJ95J9C)

You may pay by check payable to "FOBANA" and mail to:

Treasurer, FOBANA (Attn: SM Lotifur Reza Tushar)  
1638 Carter Dr, Apartment D  
Arlington, TX 76010  
Ph: 817-217-1042; Email: [nill.pahar@gmail.com](mailto:nill.pahar@gmail.com)

All information included in this form is true and accurate. By signing this form, I am responsible if any false information submitted. Action will be taken as per the Operating Procedure and Bylaws and may result in the disqualification of membership of your organization.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

For office use only: (please do not write below this line)

Membership fee: \$\_\_\_\_\_ Donation: \$\_\_\_\_\_ Check #: \_\_\_\_\_ Draw on: \_\_\_\_\_

Signed By: \_\_\_\_\_

Date Received: \_\_\_\_\_