



DIRECTOR NOMINATION FORM

NAME: _____

ADDRESS: _____

Tel: _____

Cell: _____

Email Address: _____

I, ACKNOWLEDGE THAT I HAVE RECEIVED COPY OF MONA's BYLAWS

IF ELECTED TO SERVE AS A DIRECTOR OF MONA (MEMON ORGANIZATION OF NORTH AMERICA), I HEREBY AGREE TO THE AIMS AND OBJECTIVES OF MONA AND WILL ABIDE BY ITS BYLAWS, RULES AND REGULATIONS.

SIGNATURE:

DATE: