

# TROJAN LEAGUE ASSOCIATES OF SAN DIEGO COUNTY MEMBERSHIP NOMINATION FORM

First Name:

Last Name:

Maiden Name:

Address/City/State/Zip:

USC Class/Graduation Year:

Degrees(s) and Major:

Birthday (Month/Day):

Home Phone:

Fax:

E-mail:

Work Phone:

Cell Phone:

Occupation or title (if employed):

Past Employment (if any):

Husband's Name:

Husband's occupation:

Community Activities and Organizations (Civic, Educational, Philanthropic):

Present:

Offices Held

Past:

Offices Held

USC Fraternity Affiliations (including Honoraries):

Children Name & Age:

Others in family members who have attended USC (give relationship):

Friends in Trojan League:

-----*TO BE COMPLETED BY NOMINATING TLASD MEMBER*-----

Has this candidate demonstrated leadership ability in the community?

In your opinion, would this candidate be able and willing to assume responsibilities of League Membership?

Would she be willing and available to assume Board or committee assignments?

Proposed by: \_\_\_\_\_

Return to: spolizzotto@hotmail.com

OR

Seconded by: \_\_\_\_\_

Susan Polizzotto, *Vice President of Membership*

Trojan League Associates of San Diego County

11383 Ocean Ridge Way

San Diego, CA 92130

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

Questions on filling out this form? Contact Susan Polizzotto,  
spolizzotto@hotmail.com or 858-509-3983

Date of approval:

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