



**NOMINATION FOR 2025 ADVISORY COUNCIL**

**SUBMISSION DEADLINE: Wednesday, November 20, 2024**  
**Nominee must also complete and submit the AHAC Nomination Certification and Background Check Consent Form**

Please select only one nomination state:

AL \_\_\_\_\_ MD \_\_\_\_\_ NC \_\_\_\_\_ SC \_\_\_\_\_

**NOMINEE INFORMATION**  
*(Please print or type)*

Nominee's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
*Street Number and Name*

\_\_\_\_\_  
*City State Zip Code*

Telephone: \_\_\_\_\_  
*Area Code and Number where nominee can be reached during business hours*

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_  
*Corporation Name City State*

Title/Position: \_\_\_\_\_

**Community and nonprofit affiliations and positions related to housing and community economic development:**

_____ <i>Organization Name</i>	_____ <i>City, State</i>	_____ <i>Position Held</i>	<b>From</b>	<b>To</b>
				<i>Period of Service</i>
_____ <i>Organization Name</i>	_____ <i>City, State</i>	_____ <i>Position Held</i>	<b>From</b>	<b>To</b>
				<i>Period of Service</i>
_____ <i>Organization Name</i>	_____ <i>City, State</i>	_____ <i>Position Held</i>	<b>From</b>	<b>To</b>
				<i>Period of Service</i>

**Describe nominee's housing and community economic development expertise and present level of involvement:**  
*(Use additional sheets if necessary.)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name, Address and Telephone Number of Person Making Nomination:**

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

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Number and Name*

\_\_\_\_\_  
*City State Zip*

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please make sure your nominee is aware of your recommendation prior to submitting this form**

Please return form to:  
 Community Investment Services - Federal Home Loan Bank of Atlanta  
 P.O. Box 105565  
 Atlanta, GA 30348  
 Fax: 404.888.5560  
 Email: [AdvisoryCouncilNominations@fhlbatl.com](mailto:AdvisoryCouncilNominations@fhlbatl.com)