



# AUTM Board of Directors 2018 Application Form

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**Current Information:**

Name:  
Home Address: Country:  
City: State/Province: Postal Code:  
Home Phone: Cell Phone:  
Home Email:

Title:  
Current Employer:  
Work Address: Country:  
City: State/Province: Postal Code:  
Work Phone: Cell Phone: Work Fax:  
Website:  
Start Date:

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**Previous Employers in Past 10 Years:**

Previous Employer:  
Title:  
Work Address: Country:  
City: State/Province: Postal Code:  
Start Date: End Date:

\*\*\*additional previous employers may be listed on page 4

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**Educational and Professional Activities:**

INSTITUTION	YEARS ATTENDED	DEGREE OBTAINED



Professional certifications obtained (RTTP, CLP, etc.):

Length of AUTM membership (years):

I hereby consent to be considered for the position of:

List all volunteer work performed for AUTM (committees, task forces, positions in leadership structure, presentations made and where, etc.) including years performed:

I further consent to the Leadership Development Committee contacting the following two references to validate my volunteer work with AUTM:

Reference #1:

Name:		Title:
Organization:		
Address:		Country:
City:	State/Province:	Postal Code:
Phone:	Email:	

Reference #2:

Name:		Title:
Organization:		
Address:		Country:
City:	State/Province:	Postal Code:
Phone:	Email:	



I understand the importance of AUTM Board members having leadership and strategic planning capabilities and hereby ensure that I will provide, in my vision statement, specific examples from my professional career where I demonstrated these qualities. I understand that this position statement will be made available in its entirety to AUTM membership.

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I have read the job description for the position for which I am being considered and I acknowledge that I fully understand the time and job requirements of this position. If I am elected by the membership for any position on the AUTM Board of Directors, I agree to fulfill all requirements, abide by the bylaws, rules and policies of the organization, and agree to the Board Rules of Conduct.

**Signature:**

**Date:**

Attachments included with Nomination Form:

Candidate Questionnaire & Vision Statement Form

Biography and/or CV

Letter of Support from Employer

Low Resolution Electronic Photo

Please email the completed nominee form including vision statement, biographical information, photo, and letter of support from nominee's employer indicating employer's support for nominee's participation in the Board as described in the appropriate position description to Sheila Lee, AUTM Administrative Director, [slee@autm.net](mailto:slee@autm.net) by **September 25, 2017**.



**Additional Previous Employers:**

Previous Employer:

Title:

Work Address:

Country:

City:

State/Province:

Postal Code:

Start Date:

End Date:

Previous Employer:

Title:

Work Address:

Country:

City:

State/Province:

Postal Code:

Start Date:

End Date:

Previous Employer:

Title:

Work Address:

Country:

City:

State/Province:

Postal Code:

Start Date:

End Date:



