AMTA-LA CHAPTER BOARD OF DIRECTORS

CANDIDATE APPLICATION

Chapter Officers are elected by the general membership by online ballot elections.

INSTRUCTIONS:

1. **Review the Board Positions found at** http://la.wp.amtamassage.org/get-involved/volunteer-positions.
2. **Complete this application in its entirety and return it with the following attachments: (a) bio and (b) headshot photo.**
3. **Login to your AMTA account and complete the Code of Conduct.**
4. **Email your completed application to: AMTA-LA Chapter Online Elections Coordinator -** elections.amtala@gmail.com.

CREDENTIALS AND CONTACT INFORMATION

Last Name	First Name	Middle Initial

License Number (State)	Date of Licensure	AMTA Number	Years of AMTA Membership

Name of Massage School Attended	Email Address

Address	City	State	ZIP

Cell Phone	Work or Home Phone	Place of Employment
( )	( )	

POSITION APPLYING FOR (PLEASE CHECK ONLY ONE)

☐	President (2-year term)	☐	ELECT EACH EVEN YEAR
☐	Secretary (2-year term)	☐	ELECT EACH EVEN YEAR
☐	Board Member (2-year term)	☐	ELECT EACH EVEN YEAR
☐	Financial Administrator (2-year term)	☐	ELECT EACH ODD YEAR
☐	Board Member (2-year term)	☐	ELECT EACH ODD YEAR
☐	Assembly of Delegate (2-year term)	☐	ELECT ONE EACH ODD YEAR

EXPERIENCE (ATTACH ANOTHER SHEET IF NECESSARY; REFERENCE THE QUESTION*)

#1. Number of hours you realistically see yourself donating to AMTA-LA per week?	
#2. Community and/or Professional Experience: Provide resume and volunteer information.	
#3. What are your strengths and qualifications for this position? Include experience working with computers, websites, events, administration, etc.	
#4. What do you see yourself contributing to this position?	

TIME COMMITMENT INQUIRY	YOUR RESPONSE
Number of hours you realistically see yourself donating to AMTA-LA per week?	
Are you able to commit for the entire term of this position?	
Are you willing and able to commit the time required for this position?	

Your signature below indicates that if you are elected for this position, you are able and agree to serve the tenure term of the position and that the information provided is accurate and that permission is granted for the verification of that information.

_____ **Signature**

_____ **Date**

*** Remember to include your name and Louisiana License Number on any attached page(s).**