*AMTA-Georgia Chapter*

# CANDIDATE APPLICATION

What position are you applying for:

Name:
Street:
City/State/Zip:
Email:

Member ID#:
Ga. License#:
Telephone #:

I wish to serve because:

If elected, I hope to accomplish:

I will bring the following skills to this position:

- ◯ I have read the Job Description.
- ◯ I have signed the Volunteer Code of Conduct for an Elected Board Member.
- ◯ I have signed the Volunteer Code of Conduct for Delegate or Alternate Delegate.
- ◯ I am submitting the Resume form or a separate resume.
- ◯ I am submitting a photograph (optional)
- ◯ I am submitting a video (optional)

Your typed signature and date below indicate that you have filled out the form completely and accurately and that you understand a chapter official will verify your information and your eligibility to run for this position.

Your Name:

Date: