



Alliance for
Massage Therapy
Education

APPLICATION FOR CANDIDACY
FOR A SEAT ON THE BOARD OF DIRECTORS

Name: _____ Date: _____

School or Organization (if applicable): _____

Address: _____

Best Phone: _____ Home Work Cell

Alternate Phone: _____ Home Work Cell

Email Address: _____

I am a current gold level member of the AFMTE Yes No

I have been a member of the Alliance in good standing since _____.

References

Alliance Member Name: _____

Phone: _____

Alliance Member or Non-member Name: _____

Phone: _____

I wish to be considered for placement on the AFMTE slate of candidates as a Director representing the following community of stakeholders:

Schools Continuing Education Providers Faculty

I understand that I may be nominated for the Member at Large seat if it is open, instead of the seat I have chosen above.

PLEASE COMPLETE THE REVERSE SIDE OF THIS PAGE

Are you currently holding any elected or appointed office(s) in a state or national association, regulatory agency, or accrediting agency? Yes No

Please specify:

Please describe any leadership experience you have had, particularly in associations or similar organizations such as civic groups:

Please describe in 100 words or less why your service as a board member would serve the interests of AFMTE members:

I have enclosed a resumé with this application and I understand that the nominating committee may choose to interview me by telephone before selecting a slate of candidates. I also understand that not all petitioners will be interviewed.

Printed Name

Signature

-
Please send this application with a resumé to the AFMTE Nominating Committee via email at nominations@afmte.org or to 1760 Old Meadow Road, Suite 500, McLean VA 22102.