



Identify all **constituent (state)** activities in which you have participated. Include all positions held (i.e. board, council, committee, task force, focus group, etc.) and years of applicable service.

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Identify all **component (local)** activities in which you have participated. Include all positions held (i.e. board, council, committee, task force, focus group, etc.) and years of applicable service.

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Detail all other relevant qualifications to serve; include both professional and/or other volunteer experience, as applicable.

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**CANDIDATE CONSENT**

I hereby acknowledge that I have reviewed the AADA Bylaws concerning the duties of the above-specified board position(s) and consent to serve, if elected. I further agree to attend all required executive committee, board of directors and/or trustee meetings associated with the elected position.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATE PRESIDENT OR DISTRICT TRUSTEE SIGN OFF (SEE ELECTION POLICY REGARDING SIGNATURE)**

Name \_\_\_\_\_

First Last

Position \_\_\_\_\_

State or District \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Please make a *CONFIDENTIAL* statement about the candidate's ability to serve in the applied for position:**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

*Send completed application postmarked by **January 16, 2012** to*

Alliance of the ADA, 211 E Chicago Avenue, Suite 730, Chicago, IL 60611