



**HLAA Board of Directors
New Board Member Application**

PLEASE TYPE OR PRINT

Section I: Applicant Data

Name _____

First

Middle

Last

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Best time to contact: Work _____ Home _____

Email _____ HLAA Member # _____

Are you involved in a HLAA Chapter? Yes _____ No _____

Section II: Please provide the Nominating Committee with a statement of candidacy that addresses each of the following items:

1. Why you wish to serve on the HLAA Board of Directors?

2. What your goals and objectives are for the organization?

3. What specific skills and talents you will bring to the Board?

4. Describe any additional experiences, professional, social, or with other volunteer organizations, that would be beneficial to your serving on the HLAA Board.



Section III: Include a resume or CV and two letters of reference.

Section IV: Certification

The foregoing information is true and correct.

Signature_____ **Date**_____

Return the completed form and additional materials to: board@hearingloss.org