# 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*