[](https://www.amtamassage.org/index.html)

**AMTA-CO Chapter Board of Directors**

**Candidate Application & Supporting Information**

**Please complete on or before March 27, 2018**

**Please print or type the following and send to the Online Elections Coordinator:**

🞎 Application information (this page)

🞎 \*Biography (maximum 300 words, see below for suggestions)

🞎 \*Photo (preferably head shot taken within past year)

🞎 [Sign Chapter Volunteer Code of Conduct](https://www.amtamassage.org/chapters/codesofconduct/index.html) (electronically on Chapter Page of AMTA National website)  
 *\* Biography & photo along with name and position will appear on chapter online elections page.*

**Please Check One:**

🞎 [2-year term: President (2018-2020)](http://docs.wixstatic.com/ugd/b252f0_3ba981a089c342e69835564495320e75.pdf)

🞎 2-year term: [Board Member (2018-2020)](http://docs.wixstatic.com/ugd/b252f0_295707907175421187174ff838a12ad5.pdf" \t "_blank)

🞎 [2-year term: Secretary (2018-2020)](http://docs.wixstatic.com/ugd/b252f0_e232023945a44145b687c46d9d331ead.pdf)

🞎 [2-year term:](http://docs.wixstatic.com/ugd/b252f0_3ba981a089c342e69835564495320e75.pdf) [Delegate](http://hub.amtamassage.org/p/do/sd/sid=1210&fid=262&req=direct) (2018-2020)

**Name:**

**AMTA Member ID:**

**Address:**

**City: State: Zip:**

**Main Phone: Other Phone:**

**Email:**

**Please check each YES box:**

🞎 YES I am a Professional Member (includes Graduate Member) in good standing.

🞎 YES I have computer & telephone access for chapter business.

🞎 YES I am able to commit for the entire term of office selected.

🞎 YES I am willing and able to commit the time required for this position.

🞎 YES I can travel for volunteer activities.  
🞎 YES I have read the position description for the position for which I am applying.

My signature below indicates that if I am elected for this office, I am able and agree to serve the term of office, that the information provided is accurate, and that permission is granted for the verification of that information.

Print Name: Sign Name: Date:

**Biography (Max 150 words):** In your own words, please share why you would like to run. This can be attached separately.

Suggested topics but not limited to:

* What chapter, national, or committee positions have you held (or helped with) in the past (Include dates)?
* What is your vision, reason and/or objectives for becoming an AMTA-CO Chapter Team Member?
* What do you see yourself contributing to this position?
* What are your strengths/qualifications, talents, skills and/or abilities for this position? (Include any past work experience)
* What are your community and professional experiences? (can include your practice, education, volunteering)

**Please contact Deb Hatch with any questions & submit this page along with biography & photo to:**

**Online Elections Coordinator,   
Deb Hatch  
handsforhealth50@msn.com  
phone/text # 970-556-0277**