

AUTM Nominee Form – 2014

Name:

Title:

Current Employer:

Work Address:

City:

State:

Zip:

Work phone:

Cell phone:

Work fax:

Work email:

Website:

Previous Employers in Past 10 years:

Work Address[es]:

Home address:

City:

State:

Zip:

Home phone:

Home email (if applicable):

Education (Institutions attended, years and degrees obtained)

I hereby consent to be considered by the AUTM Nominations and Awards Committee for the position of:

List all volunteer work performed for AUTM (committees, task forces, positions in leadership structure, presentations made and where, etc.) including years performed

I further consent to the Nominations Committee contacting the following two references to validate my volunteer work with AUTM.

Reference #1

Name: Title:
Organization:
Address:
City: State: Zip:
Phone: Email:

Reference #2

Name: Title:
Organization:
Address:
City: State: Zip:
Phone: Email:

I have read the job description for the position for which I am being considered and I acknowledge that I fully understand the time and job requirements of this position. If I am elected by the membership for any position on the AUTM Board of Directors I agree to fulfill all requirements, abide by the bylaws, rules and policies of the organization, and agree to the Board Rules of Conduct.

Signed:

- Vision statement attached
- Bio attached
- Letter from employer attached
- Low res electronic photo attached