



A CHAPTER OF THE AMERICAN ART THERAPY ASSOCIATION

CANDIDATE APPLICATION

Willingness to be nominated for Arizona Art Therapy Association Volunteer Officer or Board Director

Instructions:

- The application must be submitted electronically no later than October 27, 2019 to info@azata.org.
- Use additional pages as necessary.
- All information requested on this form must be provided.
- Nominees are asked to carefully consider their ability to assume the role and its full responsibilities before accepting candidacy.

SECTION I: (Please print or type)

Name	
Title	
Address of Residence	
City and Zip code	
Phone (cell and home)	
Email address	
Business Name	
Business Address	
Business City, State, and Zip code	
Business Phone	
Business Email	
Business Phone Business Email	

Best hours to reach me are:	

Please check preferred mailing address:

USPS mail: Residence Business E-Mail: Residence Business	
SECTION II:	
	(s): (indicate first, second, and third choice by entering a 1, 2, specify one position in which you are willing to serve by sistion)
Position	Priority
President-Elect	
Secretary	
General Member	
SECTION III: Please attach a professional photo and resume or A. Education (Education, including institutions) B. Experience C. Professional Presentations and Publication D. Exhibitions E. American Art Therapy Association (Please positions held) F. Other professional activities and voluntees	on, degrees, and year received) ns se include membership number and any volunteer
Please be sure to send your photo, resume/CV an info@azata.org	nd application together via email to the AzATA email address.
nomination confirming your candidacy prior to a	y the Nominating Committee, you will be notified of your ny announcements to the Board of Directors or the general wed prior to advancing you to the candidacy for office.
Please read and sign:	
I consent to be nominated as a candidate for (Office of the Arizona Art Therapy Association.
Signature:	Date: