

**BIOGRAPHICAL STATEMENT AND CONSENT TO SERVE FORM**

Name: Gail Altekruse, PT

Address: 8203 Ravinia Road| Fort Wayne, IN 46825

Work Phone: 260 266-7350 Home Phone: 260 602-4705

Current Employer: Parkview Ortho Hospital

E-Mail: gail.altekruse@parkview.com

Years of Membership in APTA and Indiana Chapter: 40+

POSITION RUNNING FOR: Director at Large

Education: Indiana University

Previous APTA/Other Leadership Activities:

Indiana: District Chair, Recording Secretary, Membership Secretary, Chief Delegate

HPA Section: LAMP- Management Faculty

Write a statement about why you want to run for a particular position (this will be published in your words):

As Director at Large for the Northern Districts, I would like to assist the District Chairs in facilitating member recruitment and participation. District participation is an excellent starting place for new professional leadership development in the association, and the heart of grassroots support for our legislative goals.

**Consent to Serve Statement:**

I acknowledge the duties of the above position have been provided to me and I agree to serve in the position should I be slated and then elected. I am willing and able to attend all INAPTA Meetings as requested. I agree to be responsive to electronic communications as part of conducting the business of INAPTA.

Signature: Gail Altekruse Date: 8/24/17

PLEASE PROVIDE A HEADSHOT (DOES NOT NEED TO BE FORMAL)



Please return the Biographical Statement & Consent Form and Headshot to inapta@apta.org by September 15, 2017.