

**NOMINATION FORM**

The following positions will be open for the 2018 election year. Please take this opportunity to nominate yourself, if you are interested in serving, or other members who would make good candidates for these positions. Please submit all nominations to inapta@apta.org by July 15, 2018.

If you have any questions, please contact an INAPTA Nominating Committee Member below or the INAPTA Executive Director.

**Nominating Committee Members:**

Lisa Kloc, PT, MS, Chair lisakloc@hotmail.com

Tink Martin, PT, PhD tm22@evansville.edu

Dolly Phadke, PT dollyphadke@gmail.com

Suzie Callan, Executive Director inapta@apta.org

Thanks for your participation and support of your professional organization!

**POSITION NOMINEE**

President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recording Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Professional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate (3 positions) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director at Large (Central) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominating Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMITTEE INTEREST**

\_\_\_\_\_ Awards

\_\_\_\_\_ Bylaws

\_\_\_\_\_ Conference

\_\_\_\_\_ CE Review

\_\_\_\_\_ Ethics

\_\_\_\_\_ Legislation - Federal

\_\_\_\_\_ Legislation – State

\_\_\_\_\_ Membership

\_\_\_\_\_ PAC

\_\_\_\_\_ Payment

\_\_\_\_\_ Practice

\_\_\_\_\_ Public Relations

**NAME OF INTERESTED MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**