

**BIOGRAPHICAL STATEMENT AND CONSENT TO SERVE FORM**

Name:

Address:

Phone: Current Employer:

E-Mail:

Years of Membership in APTA and APTA Indiana:

POSITION RUNNING FOR:

Education:

Previous APTA/Other Leadership Activities:

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

**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 APTA Indiana Meetings as requested. I agree to be responsive to electronic communications as part of conducting the business of APTA Indiana.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return the Biographical Statement & Consent Form and Headshot to info@inapta.org by August 13, 2020.