

AACSC APPLICATION: CANDIDATE FOR DIRECTOR

Full Name: _____ Bus. Tel: _____
Home Address: _____ Home Tel: _____
Email: _____ Cell Tel: _____

INDUSTRY HISTORY

Assn. Membership No.: _____ Member Since: _____ Owner Since: _____
No. Bldgs. Owned: _____ Total # Units: _____
Location of Units (Zip Codes): _____

PROFESSIONAL OR BUSINESS HISTORY

Occupation or Business Title: _____ Years Exp. _____
Name & Address of Firm: _____

Previous Occupation or Titles: _____

Other Associations: _____

Civic Organizations: _____

PERSONAL DATA

Please tell us about yourself

Age: _____ Spouse: _____

Children: _____

Special Interests: _____

POLITICAL QUESTIONS

1. Have you ever worked on a political campaign? Yes No
2. If yes, name the candidate, office or issue: _____
3. What politicians do you personally know? _____

SERVICE QUESTIONS

1. If nominated and elected a director, are you willing to serve on at least one committee? Yes No
Note: Board and each committee meeting require approx. 2-4 hrs. participation each month.
2. What are your chief areas of interest within the association? Government Relations Finance & Operations
 Owner Education Membership Development & Services Legal Affairs

SIGNED: _____ **DATE:** _____