

**Access Tucson - Board of Directors
Candidacy Application**

PLEASE TYPE

Date: _____

Name: _____

Address: _____

Home phone: _____ Work phone: _____ Fax: _____

Email: _____

Occupation: _____

Employer: _____ From _____

Previous Employer: _____ From _____ To _____

Candidates must be 18 years of age or older

Are you willing to serve on a Board Committee? _____

Can you give 6-10 hours a month to Board/Committee matters? _____

Membership in Professional Organizations: (AMA, etc.)

Organization	Status	From	To
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Involvement with Community Organizations. (Rotary, non-profits)

Why do you wish to serve as a Director of Access Tucson?

What expertise or special qualifications do you possess which you feel would be important to Access Tucson?

Thank you for your interest and application to the Board of Directors.

Endorsed by:

Member

Member

Member

Member