



2016 Board of Directors Application Personal Data/Nominating Petition Form

Please complete this application and return it to the CAI office by mail, fax, or email.

Note – Applications will be posted on the website for review.

CAI West Florida, 551 N Cattlemen Road, Suite 102, Sarasota, FL 34232-

6445 fax – 941-927-1912 email – karin@caiwestflorida.org

Submit petition no later than Tuesday, August 25, 2015 (to speak at September 2, 2015 breakfast meeting), or Friday, August 28, 2015 for final deadline. The election is Wednesday, October 7, 2015.

Name _____

Organization _____

Full Address _____

Phone (W) _____ (H) _____ (F) _____

E-mail _____ Website _____

Please check your appropriate area of specialization:

- | | | |
|---|--|---|
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Community Manager | <input type="checkbox"/> Mortgage Lender/Banker |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> CPA/Accountant | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Insurance/Risk Manager | <input type="checkbox"/> Engineer/Reserve Specialist | <input type="checkbox"/> Public Official |
| <input type="checkbox"/> Associate/Service-Supply | <input type="checkbox"/> Builder/Developer | <input type="checkbox"/> Other |

Please answer the following questions (in 75 words or fewer) on a separate page and return it to the CAI office with your application.

1. What are your goals as a Chapter member?
2. In your view, what are the biggest challenges facing The West Florida Chapter Community Associations Institute and the community association industry, and how do you believe the Chapter should address them?
3. What unique skills and abilities do you possess that could contribute to the growth and advancement of the Chapter?
4. Due to the bond the chapter is required to carry, we must ask if you have ever been convicted of a crime.

Please compose a biographical statement on a separate page (150 words or fewer) that includes at least the following and return it to the CAI office with your application.

- A. Educational Background
- B. Career History
- C. Involvement in other Professional Activities (including membership in other organizations)
- D. Involvement in CAI - both National and Chapter Level Activities
- E. Other Leadership Activities (such as Community Service)
- F. Professional Awards/Recognition Received

Members of the Chapter Nomination Committee will review applications and submit qualified nominations to the Chapter Board of Directors.

I would like to be considered for nomination:

I am a CAI member and I support the 2016 Applicant:

(Applicant Signature)

(Signature)

Date

(Signature)

| |
|--|
| For Chapter use only. Qualification requirements reviewed and approved: _____ |
|--|

(Signature)