

**AMTA-OH CHAPTER**

**CANDIDATE APPLICATION FORM 2018**

**Application must be returned to the coordinator of on-line elections by Monday March 26, 2018**[rgreely43068@yahoo.com](file:///C%3A%5C%5CUsers%5C%5CRick%5C%5CAppData%5C%5CLocal%5C%5CTemp%5C%5Crgreely43068%40yahoo.com)

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMTA Member No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# In Practice Since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full-time Massage Therapist \_\_\_\_\_\_Yes \_\_\_\_\_\_No

**Office(s) held at state level including dates**

**Office: Dates:**

**Office: Dates:**

**Office: Dates:**

**Office: Dates:**

**Office(s) held at national level including dates**

**Office: Dates:**

**Office: Dates:**

**Office: Dates:**

**Office: Dates:**

**List your qualifications for serving in the position you are seeking**

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**List your reasons and objectives for seeking this position**

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**List any relevant community or professional experience**

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**Candidate’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

