



## EXECUTIVE COUNCIL MEMBER APPLICATION

*Required fields are outlined in red.*

The purposes of this form are: (1) to assist in making inquiries concerning the qualifications of candidates, and (2) to obtain general information for use in public releases about the selected candidates.

Section or Division Name for which you are applying.      Position for which you are applying.

Name

Last Name

First Name

M.I.

State Bar No.

Telephone

Email

Describe why you are interested in serving in this professional activity. Include a short bio. and please do not attach a resume.

Signature (permissible to insert a digital signature)

Date