

ASID Chapter Leadership Opportunity Form

Your interest in serving ASID in a chapter leadership role is important. Please take a moment to fill out this form to indicate in what capacity you would like to serve. The information will be used by the ASID Chapter Nominating Committee and Board to select candidates for chapter president-elect and directors, committees, councils and task forces.

PLEASE RETURN TO YOUR ASID CHAPTER. (Please print or type clearly.)

Name		Membership number	
Company name			
Address			
Chapter name		_Chapter number	
Office phone	Home phone		
Fax	E-mail		
I am a/an (circle one):			
Professional			
Allied Industry Partner Representative	Design Specialty 2		%
NCIDQ number (if applicable)			
State registered?			
Which state(s)?			
2. Education			
A			
В			

Number of years practicing interior design or providing produced by the production of the production o	ucts/services to the interior design industry
A	
-	
4. Community and civic activities, other profession	alorganizations
A	
D	
В	
C	
5. Honors, awards and publications	
A	
В	
C	
PartA	
Please fill in the information requested below using the line	or provided If peeded attach a congrate cheet, detailing
pertinent ASID participation information.	s provided. If fleeded, attach a separate sheet detailing
ASID Participation	
Please indicate the exact titles and dates of your most rece	ent ASID chapter involvement.
Year	Year
A	F
В	G
C	H
D	l
E	J
Part B	
Part B I am willing to be nominated for the following posit	ion(s):
	ion(s):
I am willing to be nominated for the following posit	

o At-large Director

3. Employment (Please include company and position.)

Financial Director

Professional Development Director