

**APPLICATION FORM FOR  
APPOINTMENT TO THE KSBA BOARD  
OF DIRECTORS  
(FIRST REGIONAL CHAIRPERSON)**



**To be considered for appointment, the nomination form must be completed and received by KSBA no later than Friday, September 18, 2020.**

**Send completed forms to:**

Kerri Schelling, Executive Director  
260 Democrat Drive  
Frankfort, KY 40601  
kerri.schelling@ksba.org  
office: 502-783-1111 \*\*\* mobile: 859-492-1497

**NAME:** \_\_\_\_\_  
(FIRST) (M.I.) (LAST)

**ADDRESS:** \_\_\_\_\_  
(MAILING ADDRESS)

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

**BUSINESS:** \_\_\_\_\_ **RESIDENCE:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
(AREA CODE) (NUMBER) (AREA CODE) (NUMBER) (AREA CODE) (NUMBER)

**E-MAIL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
(AREA CODE) (NUMBER)

Please complete all appropriate sections for consideration by regional nominating committees.

**PRIMARY OCCUPATION:** \_\_\_\_\_

**EDUCATION BACKGROUND:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Use separate sheets if necessary):*

- [illegible]