

**AMTA – KY Chapter
2018 Candidate's Resume**

Name _____ AMTA Member Number _____

Candidate for the Position of: _____ Are you willing to consider an alternative position? _____

Address: _____ City: _____ Zip : _____

Best Phone Number to Reach You: _____ E-mail address: _____

List your education experience, including your basic massage education.

List all relevant certifications, licenses, etc. that you hold.

List all AMTA offices you have held and include committee experience.

List any experience relevant to leadership. (This may include volunteerism other than AMTA.)

What personal qualifications do you have for the office you are seeking?

State your reasons for running for office.

Have you ever been convicted of a felony? If yes, please explain.

If elected you must sign a Code of Ethics and agree to commit the appropriate amount of time for the performance of your duties, including, but not limited to, attending Board and Chapter meetings, meeting deadlines, and other relevant assignments. Your signature indicates that all information you have provided is true and correct and that you are able to and agree to serve for your term of office, if elected.

Candidate's Signature _____ date _____

Nominated by: _____ date _____

Return this form to:

**Linda Baird, Nominations Chair @ P.O Box 213, Pineville, KY 40977, 606-302-0153 or email Linda directly @
NCChair@amtaky.org**

