

FLORIDA AMERICAN ASSOCIATION OF UNIVERSITY WOMEN

CANDIDATE VITA FOR FL AAUW STATE OFFICE

(If chosen as a candidate, you will be advised to send a photo to the *FloriVision* editor.)

Candidate for the office of _____

Name _____
Last First Middle Initial

Address _____
Street Apt. #

City State Zip

Telephone (H) _____ (O) _____ Fax: _____

E-mail: _____

Current occupation or professional position: _____

Education. Give name of institution(s), major field(s), degree(s), and year(s) granted.

AAUW Positions (with dates): Year joined AAUW :

Branch

State

Association

Attendance at State, Regional, and Association meetings (with dates):

Goals or objectives you have for AAUW:

Other Experience Pertinent to Office:

Community Activities and/or Organizational Experience:

It is mandatory that this form be used. It may be reproduced on computer. No additional pages will be accepted.

Date

Candidate's Signature

E-mail *before November 15, 2018* to eroche9425@aol.com.