100 OPERATIONS 104

**AAUW FLORIDA**

CANDIDATE VITA FOR AAUW FLORIDA 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):

Page 2 Candidate Vita Form – Page 2

Goals or objectives you have for AAUW:

Other Experience Pertinent to Office:

(Include honors and/or special recognition)

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

Send or e-mail **BEFORE NOVEMBER 15** to

**Kathleen Pickering,**

**Chair AAUW FL Nominating Committee**

 161 Montelluna Dr.

North Venice FL 34275

kecumings@gmail.com

941-387-6088