



# Board of Directors' Application

*Please type or print:*

I would like to serve as a  Director-At-Large

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(street)

\_\_\_\_\_

(city)

\_\_\_\_\_

(state)

\_\_\_\_\_

(zip)

Home Telephone: \_\_\_\_\_ / \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_

E-mail: \_\_\_\_\_

## Section I

### DEMOGRAPHICS

Patient:  Hemodialysis  Peritoneal Dialysis  Transplant  CKD (Pre-Dialysis)

Family Member

Professional

Other \_\_\_\_\_

Educational History: \_\_\_\_\_

**EMPLOYMENT SECTION** (You may attach your resume in lieu of the employment section only, if you prefer.)

Current Employer: \_\_\_\_\_

Type of business:  Corporation  Government  Not-for-profit  
 Other Describe: \_\_\_\_\_

Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Business Address: \_\_\_\_\_

(street)

\_\_\_\_\_

(city)

\_\_\_\_\_

(state)

\_\_\_\_\_

(zip)

Work Telephone: \_\_\_\_\_ / \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_

**VOLUNTEER SECTION**

Membership/Affiliations other than AAKP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leadership positions held other than AAKP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Awards/Honors received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Service Awards/Honors received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past AAKP involvement (Please list committee assignments, chairmanships, officer positions, etc., at the local and national level.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Member of AAKP since: \_\_\_\_\_

**Section II**  
**PERSONAL**

1. If you are not currently serving on the National Board of AAKP, what qualities and skills would you contribute to the National Board? If you are currently serving on the National Board of AAKP, what do you feel has been your most important contribution over the past term and why do you wish to continue to serve?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. In which of the following areas do you have expertise?

- Management       Fund Raising       Membership Development
- Finance       Public Policy       Marketing/Public Relations
- Medical       Patient Experience       Chapter Relations

Please provide details on any marked expertise below:

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3. What are your personal goals for AAKP?

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4. Please list an AAKP program that has affected you, your family or your patients and why.

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- 5. Are you able to travel to three Board meetings per year?  Yes  No
- 6. Please supply a personal/professional reference:

\_\_\_\_\_

(name) (phone number)

**PLEASE ATTACH A BRIEF SUMMARY (NOT TO EXCEED ONE PAGE) AS TO WHY YOU WOULD LIKE TO SERVE AAKP. ALL APPLICATIONS MUST CONTAIN SUCH SUMMARY TO BE CONSIDERED.**

I'VE READ THE BY-LAWS AND RESPONSIBILITIES AND AM WILLING TO SERVE PURSUANT TO THEM AND WILL ACCEPT THE TIME OBLIGATIONS AS A DIRECTOR.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please include the following and postmark by May 28, 2007 to:**

**AAKP Nominating Committee  
3505 E. Frontage Road, Ste. 315  
Tampa, Florida 33607**

- Completed application form
- One page summary
- Proof of AAKP membership

(If you are not the nominee filling out the application, please ensure that nominee is interested in serving and has read and signed the above statement.)