



Board of Directors' Application

Please type or print:

I would like to serve as a Director-At-Large Officer (please specify) _____

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:

3. What are your personal goals for AAKP?

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

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 23, 2008 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.)