

APIC - NC

WILLINGNESS TO SERVE FORM: OFFICER

I hereby submit my name to the Nominating Committee of APIC-NC to be considered for nomination to the following APIC-North Carolina office (s) for the year 20___. I have been a member of APIC for one year.

<p>President-Elect (1 year term) Prepare to become president. Fill the Presidential office if it should become vacant & subsequently fill the office of president for a regular term. Chair Fall Conference Program Committee. Must have served as a voting member of the Board.</p>	<p>Treasurer -Elect (2 year term) Prepare to assume the office of Treasurer. Assist with the duties of treasurer. Fill the office of Treasurer if it should become vacant & subsequently fill the office of Treasurer for a regular term. Learn the management & responsibility of financial affairs.</p>
<p>Recording Secretary (2 year term) Responsible for accurate recording, transcribing & submitting minutes to the board & chapter.</p>	<p>Board Member (2 year term) Participate in the governing body of the chapter. Establish policy for conducting the business and management functions of the Chapter. Make recommendations concerning committee activities, review officers/committee reports, authorize official acts of the elected officials & activities.</p>
<p>Membership Committee Chair (2 year term) Is a voting member of the Board. Select Zone Coordinators, submit current report of the membership activity at each scheduled meeting, maintain current membership roster, carry out all correspondence relating to membership, and attend National APIC membership meeting if possible.</p>	<p>Nominating Committee (2 year term) The chairperson of the committee is appointed by the President. Solicit nominations representative of the chapter. Develop & submit slate of candidates & the ballot. Notify all nominees of their status regarding their candidacy.</p>

Previous Chapter activities (offices held, committee work, planning, etc.).

Philosophy (Please limit to 100 words. Attach additional pages as needed)

Applicant's Name _____

Position _____

Phone number _____

Fax number _____

Email address _____

Employer _____

Address _____

Date _____ Signature _____

All appointments have to meet Board approval.

The Nominating Committee Chairperson will notify you of approval.

Please Return to the Chairperson of the Nominating Committee: