

NATIONAL ASSOCIATION OF PARLIAMENTARIANS

QUALIFICATIONS/ENDORSEMENT FORM FOR NAP NATIONAL OFFICE

Name _____ Year Joined NAP _____
Address _____ Year Registered _____
_____ Phone _____

NATIONAL EXPERIENCE

National Elective Office

<u>Year Served</u>	<u>Office</u>
_____	_____
_____	_____
_____	_____
_____	_____

National Committees

<u>Year Served</u>	<u>Office</u>	<u>Chairman</u>	<u>Member</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Other Experiences at National Level

<u>Year Served</u>	<u>Position or Activity</u>
_____	_____
_____	_____
_____	_____
_____	_____

District

<u>Year Served</u>	<u>Position or Activity</u>
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL NUMBER OF YEARS SERVED ON NAP BOARD OF DIRECTORS _____

STATE EXPERIENCE

State/Province Elective Office

<u>Year Served</u>	<u>Office</u>
_____	_____
_____	_____
_____	_____
_____	_____

Name _____

State/Province Committees

<u>Year Served</u>	<u>Committee</u>	<u>Chairman</u>	<u>Member</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Other Experience at State/Province Level

<u>Year Served</u>	<u>Position or Activity</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

UNIT EXPERIENCE

Unit Level Experience of Value at National Level

<u>Year Served</u>	<u>Position or Activity</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OTHER EXPERIENCES

(Include any experience in other organizations, business/career experience or education that you believe would be of specific value to you as an officer of NAP)

<u>Year Served</u>	<u>Experience or Education</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name _____

Do you currently have:

E-mail _____

Fax _____

If elected, do you plan to get:

E-mail _____

Fax _____

What are the three most important issues facing NAP?

#1 _____

#2 _____

#3 _____

On a separate sheet of paper, please communicate your answers to the following questions:

1. Why do you wish to be an officer of NAP?
2. What officer positions would you be interested in? Indicate your willingness to fulfill all of the responsibilities for that office that are prescribed in the NAP Bylaws and Standing Rules.
3. What is the greatest contribution you envision making to NAP as an officer during the next biennium?
4. Describe your vision of NAP in 10 years. What will you have done as an officer to have impacted that vision?

*** All endorsements shall be sent to the Nominating Committee Chairman by January 15, 2003.**

**Mail to: Patricia Jones
NAP Nominating Committee
561-B Corkhill Road, #232
Bedford, OH 44146-3471**