



APPLICATION FOR BOARD MEMBER POSITION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

JOB DESCRIPTION/WORK SETTING

BOARD EXPERIENCE

FUNDRAISING EXPERIENCE

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN THIS POSITION:

WHAT DO YOU FEEL YOU COULD CONTRIBUTE TO THE ABA?

INDICATE AVAILABILITY FOR ATTENDING MEETINGS/PARTICIPATING IN MONTHLY CONFERENCE CALLS:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please return your completed application to the ABA, at:

American Board of Audiology™  
11730 Plaza America Drive, Suite 300  
Reston, VA 20190  
or fax to ABA at:  
703-790-8631