DUE MAY 23, 2014

VIA EMAIL PDF TO: kzim@email.arizona.edu.

Candidate	Contact	Infor	mation

Name				
Name of Business or Institution	n			
Business address	City	State	Zip	
Phone				
E-mail address				
Home address	City	State	Zip	
Home Phone				
Signature	Date			
AIGA member number				
Educational History List undergraduate colleges and	d/or universities dates, and deg	grees.		
List graduate colleges and/or u	niversities dates, and degrees.			

Professional History List your teaching experience. Where, when, and what have you taught?
List your professional practice experience. Where, when, and what was your position? Describe how your professional and/or teaching experience would enhance your membership on the steering committee.
Describe the initiative(s) you might pursue as a member of the steering committee (see above list or propose your own ideas).
AIGA History What AIGA experience have you had? When? What were your responsibilities?
Have you attended any regional or national events? Which ones? When?
Professional Affiliations What organizations, associations, trade groups, advisory boards are you a member of?

OPTIONAL PERSONAL STATEMENT

Use this page for any further comments about your qualifications or interests.