

<b>Instructions</b>		
To better know you and the expertise you offer the chapter in a leadership position, please submit this completed form to the Nominations Committee at <a href="mailto:NominationsCommittee@atdatlanta.org">NominationsCommittee@atdatlanta.org</a> .		
<b>Recommended Actions</b>		
We recommend the following actions prior to the election process: <input checked="" type="checkbox"/> Review the position description posted at the Greater Atlanta ATD Chapter Website in the Leadership Toolkit. <input checked="" type="checkbox"/> Interview the incumbent about the position responsibilities and time commitment.		
<b>General Information</b>		
Position for which you are seeking election:		
Name:		
Address:		
Phone (w):	(h):	(c):
Email:		
Current Company and Title:		
Responsibilities relevant to position for which you are seeking election:		
<b>Educational History</b>		
Institution:	Degree:	Area of Study:
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<b>ATD Membership</b>		
Number of Years as Chapter Member: List any positions or roles you have held:		Are you a current member? Y/N
Number of Years as National ATD Member: List any positions or roles you have held:		Are you a current member? Y/N
<b>Volunteer Experience - List other leadership roles and competencies/skills</b>		
Role 1:	Competencies/Skills:	
Role 2:	Competencies/Skills:	
Role 3:	Competencies/Skills:	

**Leadership Interest**

1. Why are you interested in serving in a leadership role for your local ATD chapter?

2. Why do you feel that you are qualified for this position?