I, the undersigned, request that ____________________________ be placed
{name of nominee and member number}
on the ballot for ____________________________ for the election to be held at the
{position for which individual is being nominated}
special meeting of ALOA-SPAI members to be held at the ALOA-SPAI International Headquarters,
3500 Easy Street, Dallas, Texas on June 3, 2020 at 11 a.m. Central time or any adjournment thereof.

I am eligible to vote in the ____________________________ region.
{Associate, International, Northeast, Southeast, North Central, South Central, Northwest, Southwest}

1. __________
   Printed Name: ____________________________
   Member Number: ____________________________
   Signature: ____________________________

2. __________
   Printed Name: ____________________________
   Member Number: ____________________________
   Signature: ____________________________

3. __________
   Printed Name: ____________________________
   Member Number: ____________________________
   Signature: ____________________________

4. __________
   Printed Name: ____________________________
   Member Number: ____________________________
   Signature: ____________________________

5. __________
   Printed Name: ____________________________
   Member Number: ____________________________
   Signature: ____________________________

6. __________
   Printed Name: ____________________________
   Member Number: ____________________________
   Signature: ____________________________

7. __________
   Printed Name: ____________________________
   Member Number: ____________________________
   Signature: ____________________________

8. __________
   Printed Name: ____________________________
   Member Number: ____________________________
   Signature: ____________________________

9. __________
   Printed Name: ____________________________
   Member Number: ____________________________
   Signature: ____________________________

10. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

11. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

12. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

13. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

14. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

15. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

16. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

17. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

18. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

19. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

20. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

21. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

22. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

23. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

24. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________

25. __________
    Printed Name: ____________________________
    Member Number: ____________________________
    Signature: ____________________________
YOUR COMMITMENT TO ALOA BOARD SERVICE
(Please read carefully and sign where indicated)

The ALOA Board governs with emphasis on organizational vision rather than interpersonal issues of the Board; encourages diversity in viewpoints; focuses on strategic leadership rather than administrative detail; observes clear distinction between Board and Executive Director roles; makes collective rather than individual decisions; exhibits future orientation rather than past; and governs proactively rather than reactively. (If you were not supplied a copy of the ALOA Board of Directors Governance Policy with this document, you may obtain one by contacting the ALOA headquarters office, or visit www.aloa.org.) The responsibilities of an ALOA Board Member include contributing a moderate amount of personal time, and a significant degree of professional guidance and expertise to the organization.

You will be expected to come to all Board Meetings and the Annual Membership Meeting. You will need to be prepared to sensibly discuss matters of great importance to your profession and participate in setting policy as part of a governing body. Your course of action during your tenure on the ALOA Board should be guided by fair-minded, constructive goals pertaining to matter of consequence for ALOA and for the industry. Your contributions are expected to benefit ALOA as a whole, taking individual member rights and concerns into account but free of the taint of partisan politics of personal gain.

On a practical note, ALOA Board Members are expected to behave and dress professionally at all times, especially when actively representing the association. ALOA Board Members are required to participate in three Board meetings per year, of two or three days in length, one each fall, spring and one during convention, in addition to the Annual membership meeting, which is also held during convention. Incoming Board Members are also required to attend Governance training classes and events during convention. Board Members may also be asked, on a voluntary basis, to represent ALOA at related local, state or regional functions, including serving in the ALOA booth, and otherwise promoting ALOA. When travel is required for a Board Member, expenses covered by ALOA include lodging, travel and a reasonable per diem. The Board has stipulated that assigned travel will be reimbursed at the lesser of the 30-day advance tourist class airfare in effect at the time of travel, or the current per-mile rate for travel by personal automobile, whichever is less. Spouse expenses, including extra room charges, etc. are the individual’s responsibility.

I have read and agree to adhere to the ALOA Board of Directors Governance Policies. Furthermore, I understand the above responsibilities of an ALOA Board Member, and agree to commit my time and energies as needed. I certify all of the information contained on this form and supporting documentation to be true and complete.

Candidate Name: _____________________________________________________________
Address: ___________________________________________________________________________
Member #: __________________________ Phone: ________________________________
Signature: _______________________________________________________________________
Date: ___________________________________________________________________________
Membership Status:
Active ___________ Life ___________ Associate ____________________________
Employer Name: ___________________________________________________________________
Address: __________________________________________________________________________

Please attach a recent photograph of yourself along with a 150-word-or-less biography and retain a copy of this form for your own files. This form and all supporting documents must be received no later than March 1, 2020. Mail or e-mail to:

Clyde T. Roberson, CML, CMST
Secretary, ALOA Board of Directors
3500 Easy St, Dallas, TX 75247
Email: secretary@aloa.org
Phone: (540) 380-1654