

FOR _____ (position)

VITA FORM

Colorado State
American Association of University Women

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Member of _____ Branch Joined AAUW _____

Any restriction to traveling away from home? _____

EDUCATION

CURRENT PROFESSIONAL/VOLUNTEER POSITIONS

AAUW EXPERIENCE (include years)
Branch:

State:

Association:

(over)

OTHER PROFESSIONAL AND COMMUNITY EXPERIENCE

REASONS YOU WOULD LIKE TO BE NOMINATED

SKILLS AND TALENTS YOU BRING TO A STATE POSITION

If nominated, I agree to run for the office of _____

and, if elected, I agree to serve the term of office designated.

(Signature)

Would you be willing to have your name placed in nomination for any of the other positions to be filled if the need should arise?

(Yes, No, Maybe and Signature)

In principle and practice, AAUW values and seeks a diverse membership. There shall be no barriers to full participation in this organization on the basis of gender, race, creed, age, sexual orientation, national origin, or disability.