



CONSENT TO SERVE / BIOGRAPHICAL INFORMATION FORM

You or a colleague have submitted your name to the Nominating Committee of the American Physical Therapy Association of New Jersey as a potential candidate for the office of _____

In order to prepare a final slate for presentation to the membership please indicate your willingness to serve in this office if nominated and elected by the APTAnj membership.

YES

NO

If nominated and elected, I hereby give my consent to serve in the office of

I do NOT consent to serve

of the APTAnj for a term

beginning _____ until _____

Would you be willing to serve in an office other than the one listed above? If so please indicate below:

SIGNATURE

DATE

NAME: _____

PT

PTA

ADDRESS: _____

Email: _____ Cell: _____

Work phone: _____ Home phone: _____

PRESENT EMPLOYER: _____

ADDRESS: _____

Is Financial incentive for election provided by your employer: YES NO

Please complete and return this form to: Attn: Nominating Committee
APTAnj
1100 US Highway 130, Suite 3
Robbinsville, NJ 08691-1108
Fax: 609-208 1000