

AOTPAC Board Member APPLICATION

Please print or type:

Name: _____ AOTA Member Number: _____

Home:

Address:		
Phone Number:	Fax Number:	E-mail:
Congressional District:		

Employment:

Employer:		
Position:		
Address:		
Phone Number:	Fax Number:	E-mail:
Congressional District:		

State OT Association Membership:

_____ State/jurisdiction _____ ID #
(Provide copy of membership card)

U.S. Citizen: Yes No (not eligible)

Registered Voter in: _____
State/jurisdiction

Attach additional sheets for the following 3 questions.

1. Political Activity — Legislative Experience

Describe your political, legislative, and/or public policy experience at the local, state, and/or national levels indicating the type of experience and the level. Examples of experience include fundraising, working on campaigns, attending political conventions, running for office, providing written information to candidates or elected officials, preparing and/or providing testimony, and advocating for passage of legislation (what type, when and where).

2. Relevant Organizational Involvement/Membership

List or describe relevant organizational involvement or membership (i.e., League of Women Voters, Women's Political Caucus, involvement in or supporter of PACs).

3. Include your resume and any other information that you believe is relevant.

Forward your completed application and supporting documents to:

AOTPAC
PO Box 31220
Bethesda, MD 20824-1220
1-800-SAY-AOTA ext. 2014
aotpac@aota.org