



NAHREP-Collier/Lee Chapter
P.O. Box 990357, Naples, FL 34116-0357
www.NAHREPCollierLee.org

Officers and Directors Consent To Serve Form

President Vice-President Treasurer Secretary Parliamentarian
Compliance Officer Director Committee Chairman

Name: _____

Designations: _____

E-mail Address: _____

Profession: _____ Years in profession: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Ext: _____ Fax: (____) _____

Cell: (____) _____ Home: (____) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Biographical Data

Date of birth: ___/___/___ Place of birth: _____

Highest educational degree earned: _____

History of committee service, offices held or any other services individual deems appropriate:

National Association involvement:

State Association involvement:



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NAHREP Collier-Lee involvement:

Briefly describe your relationship with other trade organizations, professional organizations, civic and community activities and other accomplishments:

Are you aware of the responsibilities and time requirements of service as an officer or director?

Are you willing to make this commitment?

Comments and/or goals for the association if you are elected to serve.

Any other information you would like us to have.

I agree that all of the above information may be released in the association's publication or to the local media.

Name: _____

Signature: _____ **Date:** ___/___/___