



## 2017 Nomination/Qualification Form ASSOCIATE MEMBER TRUSTEE

### **AUTHORIZATION: As noted in Article VI, Section 3.d. of the LeadingAge Florida Bylaws**

The Board shall be comprised of the elected officers; Chair-Elect; the Immediate Past Chair; the Region Chairs; two At-Large Trustees; one Associate Trustee; and any LeadingAge Florida elected representative to the LeadingAge, Inc. Policy Congress. No Associate Member Trustee shall be elected to more than two consecutive two-year terms.

**PROCESS:** *The Governance Committee shall issue a call for nominations to the membership prior to the selection process, listing the elective office positions available and the necessary qualifications. The Governance Committee shall review nominations and recommend a single slate of candidates to be presented to LeadingAge Florida members at the Annual Membership Business Meeting at the Convention in July 2017.*

### **QUALIFICATIONS:**

- A. An applicant must have a two (2) year official affiliation with a LeadingAge Florida for profit member community; and
- B. An applicant must be an appointed representative of a member for profit community/organization who is serving in an administrative capacity.
- C. **Application Deadline:** April 21, 2017
- D. **Term Limit:** Two-Year Term

### **APPLICATION/NOMINATION - ASSOCIATE MEMBER TRUSTEE**

1.  I, \_\_\_\_\_, do wish to qualify for the position of **Associate Member Trustee**.
- 1a.  I wish to nominate \_\_\_\_\_ for the position of **Associate Member Trustee**.
2. The applicant is related to the following LeadingAge Florida for-profit member community/organization: \_\_\_\_\_ Position title is: \_\_\_\_\_.
3. This LeadingAge Florida member organization is a: (***Please check all applicable categories.***)
  - Affordable Housing;  Continuing Care or Senior Housing Community;  Nursing Home;  Assisted Living;  HCBS
  - Other, please specify: \_\_\_\_\_
4. The applicant has been related to a LeadingAge Florida for-profit member community/organization, for the past \_\_\_\_\_ consecutive years.
5. Nominee Contact Information:
 

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
6. **Specific Qualifications:** Please list all LeadingAge Florida committees you have served on and offices held, including dates served, and any other training, experience, awards or service rendered. (Use additional pages if necessary)

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7. I certify with my signature that the above information is true and correct and that;  I am qualified to submit my name as an applicant;  I am nominating the applicant named above for the position of **Associate Member Trustee**.

\_\_\_\_\_  
**Applicant or Nominator - Please Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

Please return application and headshot photo to Dawn Jimenez at [Dawn@LeadingAgeFlorida.org](mailto:Dawn@LeadingAgeFlorida.org) or mail to:  
LeadingAge Florida, 1812 Riggins Road, Tallahassee, Florida 32308, (850) 671-3700