

I agree to actively serve the full two-year term and attend board meetings. (Check One) Yes No

(Note: Board meetings are held multiple times annually via conference calls, during retreats, and in association with conferences. Some voting is executed via email.)

Please write or attach a one-paragraph bio:

Instructions for Applicant:

Return this completed application (including attachments) and a current JPG image of yourself to the Nominating Committee for ballot preparation. Application deadline is July 1 of each calendar year.

Ballots will be distributed to members at the Annual Conference.

Mail Nominations to:
FAPA Board Member Nominations
FAPA President Terri Gerrell
4351 Natural Bridge Road
Tallahassee, FL 32305

Email:
president@floridapublishersassociation.com

FAPA Office Use:

Member in good standing?: (Check One) Yes No

Membership Expiration Date: _____

Is this member's profile complete on the FAPA website?: (Check One) Yes No

JOIN, FIND & FOLLOW US!



FLORIDA AUTHORS & PUBLISHERS ASSOCIATION, INC
1702 N Woodland Blvd • PO Box 116145 • Deland, FL 32720
member.services@floridapublishersassociation.com
www.myFAPA.org