

Active Members who wish to nominate themselves for a vacancy on the Board of Directors must complete and submit this nomination form to the TAA Clerk **no later than 11:59 p.m. on October 1, 2025.**

GENERAL INFORMATION					
Name:		TAA Member since (year):			
Home Address:					
E-mail Address:					
Home Phone No.:		Mobile Phone No.:			
PROFESSIONAL INFORMATION					
Company:		Profession/Industry:			
Position/Title:					
Work Address:					
Work Phone No.:		Work E-mail Address:			
DEMOGRAPHIC INFORMATION (Optional)					
What is your race/ethnicity? Please mark the one box that describes the race/ethnicity with which you primarily identify.	<input type="checkbox"/>	Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.			
	<input type="checkbox"/>	White: a person that has origins in any of the original peoples of Europe, the Middle East, or North Africa.			
	<input type="checkbox"/>	Black or African American: a person that has origins in any of the Black racial groups of Africa.			
	<input type="checkbox"/>	Asian: a person that has origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.			
	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander: a person that has origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.			
	<input type="checkbox"/>	American Indian or Alaska Native: a person that has origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.			
	<input type="checkbox"/>	Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.			
What is your gender? Please mark the one box that describes the gender with which you primarily identify.	<input type="checkbox"/>	Male	What is your age? Please mark one box below.	<input type="checkbox"/>	Under 40
	<input type="checkbox"/>	Female		<input type="checkbox"/>	41-50
	<input type="checkbox"/>	Non-binary		<input type="checkbox"/>	51-60
	<input type="checkbox"/>			<input type="checkbox"/>	Over 60
Do you have a disability? Please mark the appropriate box.	<input type="checkbox"/>	Yes, I have a disability (or previously had a disability).			
	<input type="checkbox"/>	No, I do not have (nor have I previously had) a disability.			

DIRECTOR INTEREST FORM

Please explain how the TAA will benefit from your service on the Board of Directors.

SIGNATURE	DATE