

An Active or Emeritus Member TAA Member must complete and submit this nomination form in collaboration with the potential nominee. The nomination form and additional requested documentation must be received by the TAA Clerk **no later than 11:59 p.m. on October 1, 2025.**

GENERAL INFORMATION			
Name:		Length of residency*:	
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"/>	Female	
	<input type="checkbox"/>	Non-binary	
	<input type="checkbox"/>	Under 40	
	<input type="checkbox"/>	41-50	
	<input type="checkbox"/>	51-60	
	<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.	

*Length of residence in the Tucson International Airport air service area. Pursuant to Section 2.1.1 of the TAA Bylaws, this area encompasses "the general Southern Arizona region."

QUESTIONNAIRE

Is the potential nominee a local, State, or Federal elected official or government employee? <i>If "Yes," list the agency and position/title below. Also, submit a copy of the job description along with the nomination form.</i>	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	

Please summarize the nominee’s professional background and expertise. *(Additional detail may be provided in the nominee’s Letter of Interest)*

Please list activities demonstrating the nominee’s care and commitment to community service or involvement, including previous or current membership in non-profit or community organizations and the duration of service.

ORGANIZATION/INVOLVEMENT	DURATION OF SERVICE

Please describe how the nominee’s personal experience will translate into becoming a fierce advocate of TAA in local, national, and international communities. *(Additional detail may be provided in the nominee’s Letter of Interest)*

QUESTIONNAIRE

Please indicate any of the TAA advisory councils which might benefit from the potential nominee’s working knowledge, membership, and participation.

COUNCIL	
Audit	<input type="checkbox"/>
Corporate Governance	<input type="checkbox"/>
Finance and Risk Management	<input type="checkbox"/>
Finance and Risk Management – Environmental/Sustainability Sub Council	<input type="checkbox"/>
Nominating	<input type="checkbox"/>

Provide a brief explanation of how the TAA will benefit from their participation on the council(s) indicated.
(Additional detail may be provided in the nominee’s Letter of Interest)

References

	NAME	E-MAIL ADDRESS	PHONE NO.
1.			
2.			
3.			

Nominated By:

TAA MEMBER (NAME)	SIGNATURE	DATE

Due Date: October 1, 2025 by 11:59 p.m.

Email to:

ccordova@flytucson.com

Mail to:

Tucson Airport Authority
 Attn: TAA Clerk
 7250 S. Tucson Blvd., Ste. 300
 Tucson, AZ 85756