



## Board of Directors Nominations Form

Deadline for Submission: September 4, 2020

*All AFA Board of Director applicants/nominees, must be a resident of the State of Arizona, a fiduciary licensed and in good standing with the Arizona Supreme Court, and a full member of the Arizona Fiduciaries Association.*

If applying for yourself, please complete the entire form below. If you are nominating someone else, please complete the contact information section and use Question #1 to state why you feel the person you are nominating should serve on the AFA Board of Directors.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt Phone/Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. In general, why do you wish to be a member of the AFA Board of Directors?

\_\_\_\_\_

2. Each Director may only have 3 unexcused absences from the Board of Director meetings in any fiscal year. Will you able to regularly attend and actively participate in the monthly AFA Board of Director's meetings and the annual retreat (typically held in May)?  Yes  No

3. Are you willing and able to participate in the AFA's committees to help further its education, membership, and fiscal viability goals? \_\_\_\_\_

4. Please check any of the committee(s) on which you would be interested in serving.

Membership  
 Conference Planning

Education/ Conference  
 Policy & Procedures

5. Please identify any affiliations, memberships, and accreditations which may also be pertinent for AFA leadership.

\_\_\_\_\_

6. Are you aware of any conflicts of interest, either personally or professionally, that would not allow you to fully and effectively serve the AFA as a Board member?  Yes  No

If yes, please explain: \_\_\_\_\_

As a Director you must become familiar and comply with the AFA Bylaws, the NGA Standards of Practice, and the Arizona Licensed Fiduciary Code of Ethics as stated in ACJA §§7-201 and 7-202. On average a general AFA Board Director should plan on dedicating 2-5 hours a month to fulfill their commitment.

If elected, the undersigned is willing to fulfill the above listed commitments and provide his or hertime, energy, and skills to achieve the mission and purpose of the AFA. By signing below the undersigned hereby confirms he/she is a fiduciary licensed by, and in good standing with, the Arizona Supreme Court and is a current full member of the Arizona Fiduciaries Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Arizona Fiduciaries Association (AFA)**

c/o The Carlson Group, LLC  
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**Questions?** Contact Pam Carlson at 520.338.0840