



PPAF Board Member Application

Name: _____

Organization: _____

Supplier Distributor Multi-line Rep Business Service

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Why would you like to serve on the PPAF board member?

2. PPAF's board is a working board. What strengths would you bring to the board?

3. Have you volunteered with PPAF? If yes, what activities, events have you volunteered in?

4. Serving on the board requires an ability to put the needs and benefits of the association above that of each board member's individual role as a supplier, distributor, etc. What is your reaction to this concept?

5. After reviewing the job description, are you able to commit to a minimum of 2 years on the board? Yes No

6. Additionally, we hold monthly board meetings (at least 8 a year) are you able to commit to attend these meetings. (They are not always in person) Yes No

7. Have you served on the PPAF board or any other regional association through PPAI?
 Yes No If yes, when and which board? _____