# Meet the Candidates

**Name:**

**Place of Employment:**

**Job Title(s)/Number of Years:**

**Are you a National APIC Member?**  Y N **I.D.**

**Expiration Date:** **Number of Years APIC Member:**

**Are you an Indiana APIC Member?** Y N \_\_\_\_\_\_ **Are you certified?** Y N \_\_\_\_\_\_

**Prior APIC Regional, State or National Offices:**

**Professional/Civic Group Membership:**

**Current / Prior offices held:**

**What do you appreciate about National or State APIC?**

**What would you change about National or State APIC?**

**What are you most proud of or your biggest accomplishment in your professional life?**

**Share something about your personal life:**

*Please email completed form to nominatingcommittee@apicin.org*