



American Massage Therapy Association  
Virginia Chapter

### Candidate Application

For which position are you a candidate? \_\_\_\_\_

Name \_\_\_\_\_ AMTA professional member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone day \_\_\_\_\_ evening \_\_\_\_\_

cell \_\_\_\_\_ email \_\_\_\_\_

**Please note that a candidate for elected office shall be a Professional member in good standing and sign the Chapter Volunteer Code of Conduct. Chapter elections are held at the Annual Chapter Meeting.**

List other nonprofit groups with whom you have volunteered, for how long and in what capacity.

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Tell us about your motivation to serve as an AMTA officer, any talents and abilities you feel will be of benefit and what you would like to add to the organization and profession by volunteering your time and knowledge.

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I hereby submit this application for the above mentioned office.

\_\_\_\_\_  
signature of applicant

\_\_\_\_\_  
date