

Texas Physical Therapy Association
Chapter Reference Manual - Nominating Committee

TPTA CONSENT TO SERVE / BIOGRAPHICAL INFORMATION FORM

Your name has been submitted to the Nominating Committee of the Texas Physical Therapy Association (TPTA) as a potential candidate for the office of _____ . In order to prepare a final slate for presentation to the membership, please indicate your willingness to serve in this office if nominated and elected by the Chapter membership.

Would you be willing to serve in an office other than the one listed above? If so, please indicate which ones below.

_____ If nominated and elected, I hereby give my consent to serve in the office of _____ of TPTA for the 20__ to 20__ term.

_____ I do not consent to serve.

SIGNATURE

DATE

Please print clearly

NAME: _____

ADDRESS: _____

TELEPHONE: (W) _____ (H) _____

E-MAIL: _____ FAX: _____

PRESENT EMPLOYMENT: _____

POSITION: _____

Member of APTA _____ years PT _____ PTA _____

Member of TPTA _____ years

APTA/TPTA Member Number _____

Please complete and return to:
Texas Physical Therapy Association
Attn: Nominating Committee
900 Congress Ave., Ste. 410
Austin, TX 78701