



SECTOR DIRECTOR APPLICATION

*Completed application forms must be received by IAVM no later than
February 28.*

SECTOR DIRECTOR APPLICATION FORM

IAVM SECTOR DIRECTOR OF THE BOARD OF DIRECTORS

Name: _____

Venue/Company: _____

Position: _____

Venue Address: _____
Street Address or P.O. Box

City, State/Province, Zip/Postal Code

Home Address: _____
Street Address or P.O. Box

City, State/Province, Zip/Postal Code

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To speed the processing of your application, you should submit evidence for the information stated below. Additional documentation may be requested to verify the information. Any supplemental materials should be labeled clearly and should refer to the specific section of the application to which they apply. If you cannot provide evidence when it is requested, the Leadership Development Committee of the Board of Directors may, in its sole discretion, decide not to grant credit for unsubstantiated claims.
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MINIMUM REQUIREMENTS – Please answer yes or no to each of the following:

_____ Has served on the appropriate sector specific committee prior to application.

_____ Is willing and able to serve a full two-year term on the Board of Directors?

_____ Agree to the IAVM Code of Ethics.

_____ Acknowledge all information provided is true and valid.

If you answered “no” to any of the above questions, you are not eligible to apply for the Sector Director Position.

CERTIFICATION

This Section records any certifications and industry designations you have received.

Date of receipt of designation (Month / Year) _____

Date of most recent renewal of designation (if applicable) (Month / Year) _____

Date of receipt of designation (Month / Year) _____

Date of most recent renewal of designation (if applicable) (Month / Year) _____

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Date of most recent renewal of designation (if applicable) (Month / Year) _____

Date of receipt of designation (Month / Year) _____

Date of most recent renewal of designation (if applicable) (Month / Year) _____

IAVM MEMBERSHIP

This Section records that you have been a member of IAVM for at least 10 years.

Date of becoming a member of IAVM (Month / Year) _____

IAVM COMMITTEE EXPERIENCE

This Section records experience serving on any combination of the following: an IAVM Committee, and/or Board of Regents, and/or Board of Governors, and/or IAVM Foundation Board of Trustees. You may request your IAVM committee history by contacting lori.wehmer@iavm.org to assist in completing this section.

Committee Position _____ *Dates (Month/Year–Month/Year)* _____

IAVM SCHOOL PROGRAMS

This Section records completion of at least one of the following IAVM school programs: IAVM Venue Management School, Graduate Institute, Senior Executive Symposium, Academy for Venue Safety & Security, VMA Venue Management School.

School Program _____ *Date (Month/Year(s))* _____

IAVM CONFERENCE & EDUCATION

This Section records attendance at VenueConnect, as well as attendance at any combination of these conferences/programs. Additional years at VenueConnect, IAVM Venue Management School, Graduate Institute, Senior Executive Symposium, Academy for Venue Safety & Security, VMA Venue Management School, GuestX, Trained Crowd Manager, Severe Weather Preparedness, Arena Management Conference, International Convention Center Conference, Performing Arts Managers Conference, Region Meetings, Chapter Meetings

Conference & Education Program

Date (Month/Year(s))

VenueConnect

VenueConnect

VenueConnect

Additional Attendance (if applicable)

Date (Month/Year(s))

ADDITIONAL INDUSTRY EXPERIENCE

This Section records any additional industry-related experience that you feel would be relevant in the selection process.

Experience

Dates (Month/Year–Month/Year)

Before submitting your application, double check that all requirements have been fulfilled. **Deadline for receiving applications is February 28.**

APPLICANT'S STATEMENT

_____By checking this box, I am confirming that I am not aware of any impediments that would keep me from fulfilling the requirements of the office, if nominated.

I hereby apply for nomination to the Sector Director position of the Board of Directors of the International Association of Venue Managers and understand that this information within the application will be treated confidentially. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that IAVM reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of this application. I have read and understand all of the aforementioned information and agree to abide by terms and conditions contained herein.

Signed by: _____
Applicant *Date*

Please Return To:
IAVM, Sector Director Nomination, 635 Fritz Dr., Suite 100, Coppell, TX 75019 Phone:
972-906-7441 / Fax: 972-906-7418 / Email: rosanne.duke@IAVM.org