



PUBLIC MEMBER APPLICATION

Required fields are outlined in red.

Position for which you are applying.

The purposes of this form are: (1) to assist in making inquiries concerning the qualifications of candidates, and (2) to obtain general information for use in public releases about the selected candidates.

Name	Last Name	First Name	M.I.		
Legal Residence	Street	City	ST	Zip+4	County
Business Address	Street	City	ST	Zip + 4	County
Residence Telephone		Business Telephone			
Email		Ethicity (optional)			

POST HIGH SCHOOL EDUCATION: (provide attachment if you need additional space)

<u>Colleges/Universities</u>	<u>Location</u>	<u>Dates (from/to)</u>	<u>Degree</u>
<u>Special Courses</u>			

EMPLOYMENT: List major paid employment **during the past 15 years** chronologically, beginning with most recent experience. (provide attachment if you need additional space)

<u>Dates (from/to)</u>	<u>Employer and Position Held</u>	<u>Address</u>	<u>Employment Reference Contact, Phone, Email</u>
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COMMUNITY VOLUNTEER SERVICE: Chronologically list significant community volunteer activities **during the past 10 years** beginning with the most recent service. (provide attachment if you need additional space)

<u>Dates (from/to)</u>	<u>Organization/Position Held</u>	<u>Activities</u>
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AWARDS: List awards or honors you have received, beginning with the most recent award. (provide attachment if you need additional space)

Date

Award/Honor

Describe why you are interested in serving in this professional activity. Include information not already mentioned about yourself, your experience and background that support your interest.

Have you ever been convicted of a felony or a misdemeanor involving moral turpitude? Yes No
If yes, describe in full. (**Note:** The conviction of a crime does not necessarily exclude a candidate
from consideration for the position.)

Explain what you consider to be important issues facing the justice system and why:

List names, addresses, phone numbers **and** email addresses of three people to whom you are not related who may be contacted as references.

Name	Address	Phone Number	Email
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Signature

Date

Please sign and return your completed application to:

Carrie Sherman
Director of Board Operations
State Bar of Arizona
4201 N. 24th Street, Suite 100
Phoenix, AZ 85016-6266

Alternatively, email your application to Carrie.Sherman@staff.azbar.org.
Receipt of each application will be confirmed.