

**AVMA COUNCIL APPLICATION & NOMINATION FORM**

**PLEASE PRINT OR TYPE**

(Council nominations will be made by any organization represented in the

AVMA House of Delegates or by petition of 10 voting AVMA members.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| Name of council | | | | | | |
| Professional category/Representation on council | | | | | | |
| **APPLICANT INFORMATION:** | | | | |  | |
| Name of individual | | | | | AVMA ID# | |
|  | | | | | | |
| Address, City, State, ZIP | | | | | | |
|  |  | | |  | | |
| Work phone | Mobile/Home phone | | | Email address | | |
|  | | | | | | |
| |  | | --- | | Veterinary medical education—School and year of graduation | | Other degrees and specialty boards |   Current professional activity or employment (Type of work or position designation)  Eligibility for committee appointments is based on professional classifications in AVMA member records. Please ensure your professional activity information is current at the AVMA website: [avma.org/Dashboard](https://ebusiness.avma.org/profile/employment.aspx). | | | | | | |
| Why are you interested in serving on this council? (150-word limit; continue on separate page if needed) | | | | | | |
|  | | | | | | |
|  | | | | | | |
| What expertise and attributes would you bring to this council to support its charge? (150-word limit; continue on separate page if needed) | | | | | | |
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| |  | | --- | | As an AVMA volunteer leader, how would you support/demonstrate AVMA’s commitment to diversity, equity and inclusion? (150-word limit; continue on separate page if needed) | |  | |  |   **AGREEMENT TO SERVE** - I agree to serve on the council if elected, and I am professionally active in the area specified, if any, for the position to which I am applying. I certify that the information provided above is true and accurate to the best of my knowledge. | | | | | | |
| **\***Signature of applicant  **INDIVIDUAL OR ORGANIZATION SUBMITTING NOMINATION:** | | | | | | |
|  | |  | | |  | |
| Name | | Title | | | Email address | |
|  | | | | | | |
| Nominating organization | | | | | | |
| Address | | | | | | |
|  | | |  | | |  |
| **\***Signature of nominator | | | Title | | | Date |

The AVMA endeavors to demonstrate diversity equity and inclusion (DEI) in everything we do. We believe DEI fosters an innovative and vibrant culture and leads to positive results and success in support of and service to the veterinary community.

In electing or appointing individuals to entities, the AVMA is committed to recruiting and considering qualified persons for volunteer leadership, including from historically underrepresented populations in veterinary medicine. The AVMA will actively encourage such individuals to apply, in part by collaborating with veterinary organizations that have a pool of diverse members and/or have a DEI focus. For the purposes of this policy, "historically underrepresented populations in veterinary medicine" includes persons or groups whose entrance into and/or advancement in the veterinary medical profession has been disproportionately impacted. The goal is to ensure that there are no barriers based on, but not limited to gender, gender identification, race, ethnicity, geographic, socioeconomic, sexual orientation, persons with disabilities, religious beliefs, and diverse educational backgrounds.

**DEADLINE FOR NOMINATIONS TO BE INCLUDED IN THE CAMPAIGN GUIDE IS May 1st.**

**NOMINATIONS FROM THE FLOOR MUST BE SUBMITTED NO LATER THAN 10 DAYS BEFORE THE HOD SESSION AT WHICH THEY WILL OCCUR.**

Email application to: [OfficeEVP@avma.org](mailto:OfficeEVP@avma.org); Fax to: 847-925-0944;

Or mail to: AVMA Office of the Executive Vice President, 1931 N. Meacham Road, Suite 100; Schaumburg, Illinois 60173

\*By signing, it is stipulated that the individual is an AVMA member and officer, or the chief executive officer, of a

veterinary organization represented in the AVMA House of Delegates.   
By typing your name, you also agree that this is valid as your signature.