



ATOS YOUTH REPRESENTATIVE TO THE BOARD 2013 APPLICATION

Name _____

Home Address _____

City, State, Zip _____

Phone (_____) _____

E-mail _____

Date of Birth _____ / _____ / _____
month day year

Secondary address and phone number (if attending school away from home)

Address _____

City, State, Zip _____

Phone (_____) _____

Name of the member of your household who is an ATOS Member:

Name of the ATOS Member who is recommending you:

Are you active in any local chapter(s)? If so, which ones?

If I am selected as the ATOS Youth Representative to the Board, I understand that I am expected to perform, and agree that I will perform, the duties specified in the Application Rules, Procedures, and General Information document, which I acknowledge having received and read. I recognize that these duties include attending and participating in all ATOS Board Meetings, the Annual Convention and Banquet, The Members' Forum, and The Membership Meeting.

Signature of applicant _____

Date _____

**Please send this application and all supporting materials to
John Ledwon, Youth Initiatives Committee Chair
j.ledwon@atos.org
504 Jessup Road Henderson, NV 89074**

**All applications and supporting materials must be emailed or postmarked
no later than WEDNESDAY, MAY 1, 2013.**

APPLICATION CHECKLIST