

ILA STATE/PROVINCIAL COORDINATOR APPLICATION

Please complete the application and submit to the State/Provincial Chapter President.

Name: _____ ILA Membership Number: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Most Recent Occupation: _____

Chapter Involvement: Identify offices held and committee work.

Other Leadership Experience: Specify organizations, positions, and responsibilities.

Vision/Mission: Why do you want to serve as the ILA Coordinator? What goals do you plan to accomplish? How will you support ILA and your chapter? (Continue on a separate sheet if needed)

Signature of Applicant: _____ Date: _____