

**International Association of Laryngectomees
Information Sheet
Application for Consideration of
Director, Director at Large, Officer**

PERSONAL:

Name _____ Birth Date _____
 Last First Middle _____
 Address _____
 Street City/State Zip _____
 Telephone: Home _____ Office _____
 Laryngectomized? _____ If yes, when? _____

EDUCATION

School	Location	Dates	Graduate?	Degree

EMPLOYMENT RECORD:

Company or Organization	Position
Address	Duties
Company or Organization	Position
Address	Duties

Are you currently employed? _____ Position _____ Retired? _____

CLUBS AND/OR FRATERNAL ORDER ACTIVITIES:

Name _____
 Office _____ Positions _____ Date _____
 Other Activities _____

IAL ACTIVITIES:

Officer? _____ Position _____ Date _____
 IAL Activities _____
 Board Member? _____ Date _____
 Committee Assignments _____

OTHER INFORMATION:

1. What positions have you held or are holding in your community?

2. Have you attended a Voice Institute? _____ When? _____
Where? _____

3. Have you attended an IAL Annual Meeting? _____ When? _____
Where? _____

4. Have you taught speech to other laryngectomees? _____ Where? _____
How qualified? _____

5. Have you been involved with the American Cancer Society? _____
Position and/or activities _____

6. Do you have any hobbies, special interests, or talents? _____

7. Submit letter of club's endorsement.

REFERENCES: (One should attest to speech proficiency.)

1. _____

2. _____

3. _____

Note: Please enclose (2) 2 1/2 x 4 photographs. Also, please submit additional information on separate sheet if necessary.

Signature _____ Date _____

After Completion, Mail to:

Terrie Hall
4167 Hwy. 150 N.
Lexington, NC 27295-7248