

PUBLIC MEMBER (NON-LAWYER) APPLICATION

Required fields are outlined in red.

Position	for	which	ı you	are	app.	lying

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)							
Colleges/U Special Co	Jniversities ourses	Location		Dates (from/to	o)		Degree

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

Dates
(from/to)Employer and
Position HeldEmployment Reference
AddressEmployment Reference
Contact, Phone, Email

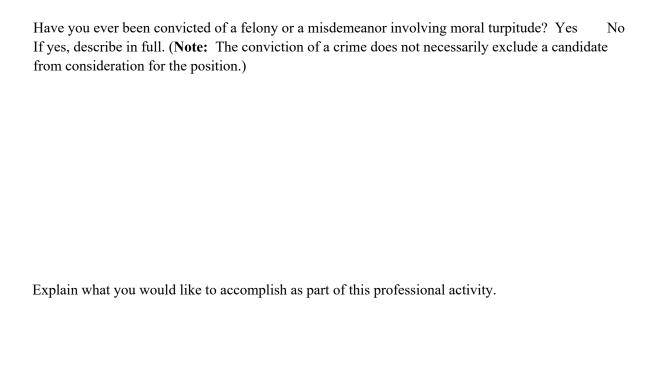
COMMUNITY VOLUNTEER SERVICE: Chronologically list significant community volunteer activities during the past 10 years beginning with the most recent service. (provide attachment if you need additional space)

Dates

(from/to) Organization/Position Held

Activities

AWARDS: List awa attachment if you need	ards or honors you have received, beginning with the most recent award. (provide additional space)
<u>Date</u>	Award/Honor
	e interested in serving in this professional activity. Include information not already rself, your experience and background that support your interest.



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

Signature Date

Please sign and return your completed application to:

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

Alternatively, email your application to <u>Board@staff.azbar.org.</u> Receipt of each application will be confirmed.

, Bar No.

STATE BAR OF ARIZONA APPOINTMENTS COMMITTEE AUTHORIZATION AND RELEASE

I,

on , having submi	tted an application for appointment to the
	, do hereby consent and
authorize the State Bar of Arizona Lawyer Regulation Re	ecords Manager, the Arizona Commission
on Judicial Conduct personnel, or any other disciplinary	authority having control of any documents,
records and other information pertaining to me, to furnis	h to the State Bar of Arizona Appointments
Committee all information regarding any disciplinary red	cords, if requested, including documents,
records, files regarding charges or complaints filed again	ast me at any time, formal or informal, pending
or closed, public or confidential, or any other pertinent in	nformation regarding my disciplinary history,
if such exists.	
By authorizing the release of the information requeste	d, I specifically release the State Bar of Arizona
and the Arizona Commission on Judicial Conduct, include	ding any and all directors, officers, managers,
supervisors, employees, personnel and agents, from any	and all liability for damages or claims of any
nature that could be made regarding the information prov	vided.
A reproduced copy of this Authorization shall be cons	idered the same as the original.
Signature (permissible to insert a digital signature)	Date