



PUBLIC MEMBER (NON-LAWYER) APPLICATION

Required fields are outlined in red.

Position for which you are applying.

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/Universities		Dates	
<u>Special Courses</u>	<u>Location</u>	<u>(from/to)</u>	<u>Degree</u>

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

<u>Dates</u> <u>(from/to)</u>	<u>Employer and</u> <u>Position Held</u>	<u>Address</u>	<u>Employment Reference</u> <u>Contact, Phone, Email</u>
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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)

<u>Dates</u> <u>(from/to)</u>	<u>Organization/Position Held</u>	<u>Activities</u>
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AWARDS: List awards or honors you have received, beginning with the most recent award. (provide attachment if you need additional space)

Date

Award/Honor

Describe why you are interested in serving in this professional activity. Include information not already mentioned about yourself, your experience and background that support your interest.

Have you ever been convicted of a felony or a misdemeanor involving moral turpitude? Yes No
If yes, describe in full. (**Note:** The conviction of a crime does not necessarily exclude a candidate
from consideration for the position.)

Explain what you would like to accomplish as part of this professional activity.

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
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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 Board@staff.azbar.org.
Receipt of each application will be confirmed.

**STATE BAR OF ARIZONA APPOINTMENTS COMMITTEE
AUTHORIZATION AND RELEASE**

I, _____, Bar No. _____
on _____, having submitted an application for appointment to the _____
_____, do hereby consent and
authorize the State Bar of Arizona Lawyer Regulation Records 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 furnish to the State Bar of Arizona Appointments
Committee all information regarding any disciplinary records, if requested, including documents,
records, files regarding charges or complaints filed against me at any time, formal or informal, pending
or closed, public or confidential, or any other pertinent information regarding my disciplinary history,
if such exists.

By authorizing the release of the information requested, I specifically release the State Bar of Arizona
and the Arizona Commission on Judicial Conduct, including 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 provided.

A reproduced copy of this Authorization shall be considered the same as the original.

Signature (permissible to insert a digital signature)

Date