



HFTP BOARD OF DIRECTOR APPLICATION

PERSONAL DATA FORM

Name: _____

Title/Area of Responsibility: _____

Employer: _____

Preferred Address: _____

Work Phone: _____

Preferred Fax: _____

Mobile Phone: _____

Preferred Email: _____

Pager: _____

Current Designations Held: CHAE CHTP CPA CHA Other _____ (specify)

Hospitality Industry/Area of Specialty:

Lodging

Academic

Club

Food & Beverage

Gaming

Resort

Management

Cruise

CPA Firm

Consultant

Other: _____ (specify)

Scope of Position:

Property/Single-Unit/Single Location

Regional/Multi-Unit/Divisional

Corporate/Multi-Unit/Enterprise

Self-Employed

1. When did you join HFTP?

2. Why did you join HFTP?

3. Describe how membership in HFTP has impacted your life/career:

4. Have you sponsored new members to HFTP? If yes, please describe your personal experience as a sponsor:
5. Please list your volunteer history on HFTP committees and/or task force:
- | | <u>Name</u> | <u>Year of Service</u> | <u>Participation Level</u> |
|----|-------------|------------------------|----------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
6. Employment History (begin with most recent). You may attach a resume:
7. Degrees/Honors/Awards:
8. Attendance/Participation in HFTP programs/sponsored events/conferences:
(Professional development seminars, HITEC, HFTP Annual Convention & Tradeshow)
9. Membership and/or participation in other societies/associations:
10. What other boards have you served, or currently serve, as director and/or officer?

11. Do you report directly or indirectly to any current member of the HFTP Board of Directors? If yes, please describe:

12. Does any current member of the HFTP Board report directly or indirectly to you? If yes, please describe?

13. Please describe your experience as a public speaker/presenter/instructor:

14. Please identify some HFTP association strengths and weaknesses in assessing and responding to the needs of the membership: A.) the association as a whole and B) a specific industry segment:

15. What is your primary access to HFTP resources?

Chapter ProLinks Website Attendance at HFTP events

Why?

16. What is your definition of association networking?

17. What prompted you to complete and submit this application?

Letters of Support/Recommendation

Please attach three letters supporting your nomination as a candidate of HFTP office. One letter should be from your employer, acknowledging the time and resource commitment required. *Please note that current Executive Committee members are not permitted to write letters of recommendations.*

Your interview is very important, not only to you but to the members of the Nominating Committee. By signing below you acknowledge that you agree to the interview process and conditions as outlined in the cover letter attached to this application.

Signature

Date

Submit Application To:

HFTP | Director of Certification and Board Relations

11709 Boulder Lane | STE 110 | Austin TX, 78726 | Fax 001 (512) 249-1533

Email: Bryan.Wood@HFTP.org | Questions? Contact: (800) 646-4387 x29, 001 (512) 249 5333 x29