



Ethics Advisory Committee Application

Name: _____

Mailing Address: (required) _____ City: _____ Zip: _____

Business Name and Address: _____ City: _____ Zip: _____

Official Contact Number: _____

**Information provided is for official contact purposes only.*

Email Address: (required) _____

You are largely available (check one):

- Day Conference Calls Evening Conference Calls Either/Both

What experience or special knowledge can bring to the Committee?

List all current or past Boards, Commissions, or Committees for which you currently serve or are a past member:

Committee Name/Appointments

Dates Served

List any community organizations to which you belong (attach a supplemental sheet if necessary):

Ethics Advisory Committee Application

To provide commissioners with a summary of your background and experience, please attach your resume and/or biography to this application form.

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Committee/Board/Commission. I understand regular attendance to any Committee/ Board/Commission/Council is important and I further understand that if my attendance is less than the standards established for any such body, that this is cause for removal. Lacking any written standards for attendance Committee/Board/Commission it is expected that I will attend at least 75% of all meetings and/or calls during any one calendar year to maintain my seat on any Committee/Board/Commission to which I may be appointed. This form will remain on file in the American Association of Private Lenders office and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Committee/Board/Commission.

Signature: _____ **Date:** _____

Form is invalid if not signed and dated. If you submit via e-mail, be sure to type your name and date. Your name and e-mail address will be verified by AAPL staff.

Please return completed form to:
American Association of Private Lenders
RE: Committee Application
7509 NW Tiffany Springs Pkwy, Ste 200
Kansas City, MO 64153