



Service Associate Advisory Committee Application Form

Please complete the following questions and submit, along with a photo of yourself, via e-mail or mail to the address below by February 5th.

Date _____

Candidate Name _____

Firm _____

Address _____

City/State/Zip _____

Phone _____

Cell Phone _____

Email _____

1. What is the nature of your company and your expertise?

2. What is the length of time you have been with the above company?



Service Associate Advisory Committee Application Form

3. Why are you interested in serving on the Service Associate Advisory Committee (SAAC)?

4. What do you feel is the role of the SAAC?

5. What are some similarities and differences between school business officials and Service Associates, and their relationship to Illinois ASBO?

6. Are you able to meet for a half day every other month (5-6 times per year)? Yes No

7. Do you understand that this is a 4-year position? Yes No



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8. What are 2 or 3 things you would like to see changed about Illinois ASBO's way of serving Service Associate members?

9. What do you view as the most important reason for being a Service Associate member of Illinois ASBO?

10. Professional Service to Illinois ASBO

a. During the past three years, list the professional development committees you have served on.

b. During the past three years, list the seminars and/or conference presentations you have given.

c. Other

11. Professional Service to ASBO International

a. During the past three years, list the professional development committees you have served on.

b. During the past three years, list the seminars and/or conference presentations you have given.

c. Other



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12. Have you attended any of the following conferences, within the past 3 years? ("x" those that apply)

Conference	2017	2018	2019
Illinois ASBO Annual Conference & Exhibits			
IASB/IASA/Illinois ASBO Joint Conference			
ASBO International Annual Meeting & Exhibits			

13. Do you attend regional organizational meetings? Yes No

14. What other associations are you currently involved in? (Please do not use acronyms.)

15. List three Service Associates that you work with.

1. _____
2. _____
3. _____

16. Would you be able to interview in person with the SAAC Nominating Committee on February 19, 2021 at Performance Services, Inc., 700 Butterfield Rd., Ste. 100, Lombard, Illinois? Yes No

I agree to abide by Illinois ASBO's Code of Ethics.

Signature of Applicant

Date

Email or mail your completed application form and a digital photo by February 5th to:

SAAC Application
 ATTN: Julie Warner
 Illinois ASBO
 Northern Illinois University (IA- 103)
 108 Carroll Ave.
 DeKalb, IL 60115-2829
 p: (815) 739-6092 | f: (815) 516-0184 | jwarner@iasbo.org

For Office Use Only	
Application Received:	____/____/____
Member Since:	_____