

# *Institute of Assessing Officers*

*Incorporated by the Board of Regents of the University of the State of New York  
And affiliated with the  
New York State Assessors Association*

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## **APPLICATION FOR INSTITUTE OF ASSESSING OFFICER TRUSTEE**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DATE OF BIRTH (optional): \_\_\_\_\_

HOW LONG HAVE YOU BEEN A MEMBER OF THE NYS ASSESSORS ASSOCIATION? \_\_\_\_\_

HOW LONG HAVE YOU BEEN A MEMBER OF THE INSTITUTE OF ASSESSING OFFICERS? \_\_\_\_\_

OTHER PROFESSIONAL DESIGNATIONS HELD: \_\_\_\_\_

MEMBERSHIP IN OTHER PROFESSIONAL SOCIETIES: \_\_\_\_\_

\_\_\_\_\_

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DOES YOUR COUNTY HAVE AN "ACTIVE" COUNTY ASSESSOR'S ASSOCIATION? \_\_\_\_\_

LIST ANY POSITIONS HELD WITHIN YOUR COUNTY'S ASSOCIATION: \_\_\_\_\_

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ASSESSMENT-RELATED EXPERIENCE

CURRENT POSITION HELD: \_\_\_\_\_ YEARS SERVED: \_\_\_\_\_

GIVE A BRIEF DESCRIPTION OF YOUR JURISDICTION: \_\_\_\_\_

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LIST OTHER ASSESSMENT/APPRaisal-RELATED EXPERIENCE: \_\_\_\_\_

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OTHER EMPLOYMENT HISTORY: \_\_\_\_\_

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CIVIC AND SOCIAL ORGANIZATIONS/VOLUNTEER EXPERIENCE: \_\_\_\_\_

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EDUCATION	Name of School	Years Attended	Major
High School Or Equivalency Diploma			

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Vocational and Technical Schools			
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College or University			
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Other Training			
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HAVE YOU ATTENDED THE INSTRUCTOR TRAINING COURSE? \_\_\_\_\_

LIST ANY TEACHING EXPERIENCE: \_\_\_\_\_

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HAVE YOU EVER AUTHORED OR SUBMITTED AN ARTICLE FOR THE I.A.O. JOURNAL? \_\_\_\_\_

WHY DO YOU WISH TO SERVE AS A TRUSTEE FOR THE INSTITUTE?

DO YOU HAVE ANY SPECIFIC CONCERNS THAT YOU WOULD ADDRESS AS A TRUSTEE?

BRIEFLY EXPLAIN HOW YOUR EXPERIENCE WILL BENEFIT THE ASSOCIATION AS A TRUSTEE FOR THE INSTITUTE OF ASSESSING OFFICERS.