**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**

**APPLICATION MUST BE SUBMITTED OR POSTMARKED BY JUNE 1.**

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

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.