

AREA DIRECTOR APPOINTMENT REQUEST

(Check One): DIRECTOR CHANGE RE-APPOINTMENT NEW AREA

Please submit this form whenever there is a change in area director or split of an area.

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|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Section: _____ Area: _____ | Area Split from: _____ |
| Communities Served: _____ | Regions Covered: _____ |
| Volunteer Application must be completed & returned with this form | <i>For office use only: RECVD YES <input type="checkbox"/> NO <input type="checkbox"/></i> |
| Term of Office: 3 Years | Effective Date: (mo/yr) _____ |

Please the number(s) you would like us to publicize in the Executive Member Directory (EMD):

HOME BUSINESS FAX

Name: _____

Address: _____

City/State/Zip: _____

Phone: Home (_____) _____ Business (_____) _____

AYSO (_____) _____ FAX (_____) _____

E-mail _____

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AYSO Experience: Regional Commissioner for _____ years / Board Member for _____ years / Coach for _____ years / Referee for _____ years / Other: _____ for _____ years |
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I have reviewed the attached **area director position description** and **conflict of interest policy statement**. If appointed, I agree to perform the duties of area director within the parameters of the AYSO position description and to be subject to the Organization's Bylaws, rules, regulations, policies and philosophies. I also agree to attend one of the next two Area Director Training/Orientation sessions held at the National Support Center and to attend/support AYSO meetings and programs regularly, as available, such as section meetings and the NAGM.

Signed: _____ Date: _____

(AREA DIRECTOR NOMINEE)

| | |
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| Have you sent the Section Director the original forms for signature? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-----------------------------------------------------------------------------|----------------------------------------------------------|

Section Director approval:

I, as section director, have verified that the nomination of the above named person as area director by a majority of the regional commissioners is consistent with the Organization's Bylaws, rules, regulations, policies and philosophies.

Signed: _____ Date: _____

Board of Directors approval: (National Secretary)

Signed: _____ Date: _____

You may send (or fax 310-643-5310) a copy to the NSTC, PO Box 5045, Hawthorne, CA 90251-5045.