



ALASKA  
MUNICIPAL  
LEAGUE

## 2024 BOARD OF DIRECTORS

### DECLARATION OF CANDIDACY AND FINANCIAL COMMITMENT

FULL NAME \_\_\_\_\_

MUNICIPALITY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME/CELL PHONE: \_\_\_\_\_

E-MAIL \_\_\_\_\_

### CANDIDATE COMMITMENT

I hereby declare myself a candidate for:

- |                                  |  |
|----------------------------------|--|
| President                        | Director, District 7 - West                  |
| Vice President                   | Director, District 9 - Aleutians/Bristol Bay |
| Treasurer                        | Director - Municipality of Anchorage         |
| Director, District 1 - Southeast | Director - Boroughs                          |
| Director, District 3 - Kenai     | Director - City/Borough                      |
| Director, District 5 - Interior  | NLC Representative - NLC Member City         |

and request my name be placed on the ballot for election at the **2023 Alaska Municipal League 73rd Annual Conference**. I declare I will serve and participate actively in the designated office and that I will accept the time and financial commitment for the entire term if elected.

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

\_\_\_\_\_  
DATE

**MUNICIPAL SUPPORT:** to include physical presence at 3 meetings paid for by municipality (Feb., Aug. and Dec.) and one meeting paid for by AML (May). All director seats are two-year terms except as noted above.

On behalf of the municipality, I am authorized to commit financial support of the above individual's active participation in the Alaska Municipal League and, if elected, on the AML Board of Directors.

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Must be submitted to the AML office via fax, mail or email by 4:30 p.m. Friday 12/01/23, or submitted by hand no later than 5:00 p.m. Wednesday 12/06/22 at the Annual Conference registration desk.

Mail: One Sealaska Plaza, Ste. 302  
Juneau, AK 99801

Fax: (907) 463-5480  
Email: Nils@akml.org

*OVER*

**BIOGRAPHICAL SKETCH**

FULL NAME \_\_\_\_\_

OFFICE HELD \_\_\_\_\_ NO. YRS. \_\_\_\_\_

PREVIOUS MUNICIPAL OFFICES HELD AND NO. YRS. \_\_\_\_\_

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PREVIOUS EXPERIENCE WITH AML (office held, committee participation, etc.) \_\_\_\_\_

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OTHER RELEVANT EXPERIENCE \_\_\_\_\_

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