



MIAMI-DADE ECONOMIC ADVOCACY TRUST (MDEAT) APPLICATION FOR MEMBERSHIP (ON-LINE)

Thank you for your interest in serving on the Board of Trustees for Miami-Dade Economic Advocacy Trust (MDEAT). Please take a moment to complete the board member application and provide supporting documentation as required. In assessing your eligibility to serve on the MDEAT Board, the MDEAT Nominating Council, the entity responsible for recruiting and recommending individuals to Miami-Dade Board of County Commissioners, will take into consideration individuals possessing professional expertise in the categories listed below.

Please check your area(s) of interest, knowledge, or expertise.

- Economic and Business Development**
- Banking and Finance**
- Affordable Housing/Real Estate**
- Criminal Justice**
- Law**
- Marketing**
- Corporate Fundraising**
- Technology**
- Youth Programs**
- Other, please specify** _____

**CANDIDATE(S) FOR NOMINATION TO SERVE ON THE
MIAMI-DADE ECONOMIC ADVOCACY BOARD OF TRUSTEES**

Biographical Profile

NAME: _____

DATE OF BIRTH: _____

BUSINESS ADDRESS: _____ **TELEPHONE** _____

RESIDENCE ADDRESS: _____ **TELEPHONE** _____

LENGTH OF RESIDENCE IN MIAMI-DADE COUNTY (How many years?): _____

Please specify:

MALE ___ **FEMALE** ___ **BLACK** ___ **CAUCASIAN** ___ **LATIN** ___ **Other** ___

EMPLOYER: _____

NATURE OF BUSINESS/PROFESSION: _____

IF CORPORATION, INDICATE TITLE AND DUTIES: _____

EDUCATION/DEGREES: _____

COLLEGES: _____

GRADUATE SCHOOL: _____

MEMBERSHIP IN ORGANIZATIONS, COMMUNITY ACTIVITIES AND OFFICES HELD:

(Please add additional pages where applicable)

PUBLIC OFFICES, ELECTED OR APPOINTED, WITH DATES: _____

PLEASE SPECIFY AFFILIATIONS WITH ECONOMIC DEVELOPMENT, BANKING/FINANCE, TECHNOLOGY, HOUSING, LAW, CRIMINAL JUSTICE, YOUTH DEVELOPMENT, OR OTHER RELATED ORGANIZATIONS OR BOARDS:

COMMUNITY INTERESTS: _____

ADDITIONAL INFORMATION: _____

REFERENCES

PLEASE SPECIFY PERSONS ACQUAINTED WITH CANDIDATE'S ACTIVITIES AND/OR EXPERIENCES:

1. _____ Telephone _____
2. _____ Telephone _____
3. _____ Telephone _____
4. _____ Telephone _____

I, (candidate's name) _____, a citizen of the United States, a duly qualified elector of Miami-Dade County would, if appointed, be willing and able to discharge the responsibilities and functions of Trustee. I declare that I do not serve on another board, agency or advisory group created and/or funded by the Miami-Dade County Commission.

Date

Candidate's Signature

NOMINATED BY: (If not self) _____

(NAME, ADDRESS, TELEPHONE)

PLEASE RETURN COMPLETED APPLICATION TO THE FOLLOWING LOCATION:

**MIAMI-DADE ECONOMIC ADVOCACY TRUST
APPLICATION FOR BOARD APPOINTMENT
111 NW 1 ST, SUITE 2032
MIAMI, FLORIDA 33128**

**APPLICATIONS MUST BE RECEIVED NO LATER THAN
WEDNESDAY, SEPTEMBER 25, 2013 at 4:00 PM**

THANK YOU FOR YOUR SUBMISSION!