



PHTA Board of Directors Nomination Form

Personal Information

Name _____

Title _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Cell phone _____

Fax _____ Email _____

Business Segment:

- Builder /Installer
- Distributor

- Manufacturer
- Pool Management Company

- Retailer
- Service Company

Description of company/business:

Description of role:

Please detail the association leadership experience of the applicant/nominee:

Are you currently a member of a trade guild or buyers group? Yes No

If yes, please specify: _____

Please indicate current PHTA certification designation of applicant/nominee:

- | | |
|---|--|
| <input type="checkbox"/> CBP Certified Builder Professional | <input type="checkbox"/> CHTT Certified Pool & Spa Hot Tub Technician |
| <input type="checkbox"/> Advanced CBP - Certified Advanced Builder Professional | <input type="checkbox"/> CMS Certified Pool & Spa Maintenance Specialist |
| <input type="checkbox"/> Expert CBP - Certified Expert Pool Builder & Design Professional | <input type="checkbox"/> CST Certified Pool & Spa Service Technician |
| <input type="checkbox"/> Master CBP - Certified Master Pool Builder & Design Professional | <input type="checkbox"/> CSP Certified Pool & Spa Service Professional |
| | <input type="checkbox"/> CPO Certified Pool Operator |
| | <input type="checkbox"/> CPO Instructor |

THANK YOU FOR YOUR INTEREST IN SERVING THE POOL & HOT TUB ALLIANCE
Questions? shickman@phta.org | 703.838.0083 ext. 160

For best results, please complete this form using Acrobat Reader.



Does applicant/nominee currently hold other professional licenses? Yes No
If yes, please list:

Education (List Degrees):

Honors and awards, patents or inventions, published articles, speaking experience, membership in other professional organizations:

How has this candidate demonstrated their interest and ability to serve on the Board?

By signing this agreement, I certify that all information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

To submit form, please save and email completed application to Sabeena Hickman, President & CEO at shickman@phta.org.