

## Application for AIA Regional Representative

Date:

Name:

Address:

Phone/Daytime:

Cell:

Email:

Member of AIA?

Date joined AIA (if known/month & year)

Reason for wanting to be a regional representative for the Alliance:

What is your vision while in the position?

Thank you for your submission! Your application will be reviewed by the Board.

**Mail application to:**

Lora Cantele  
1095 Castleshire Drive  
Woodstock, IL 60098

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**Alliance of International Aromatherapists**

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