**2025 SEANC Audit Committee**

**Candidate Form**

*All candidates for the Audit Committee must submit this form, with an* ***updated resume*** *attached, by* ***July 15*** *each year the candidate wishes to be considered for the Audit Committee.* ***Only applicants who submit this completed form with an attached resume will be considered for nomination to the convention for election. Forms should be mailed to:***

*SEANC, 1621 Midtown Place, Raleigh, NC 27609* ***Attention:*** *State Audit Committee Chair, Alicia S. Warren*

*Or emailed to alicia040679@yahoo.com.*

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District #:\_\_\_\_\_\_\_\_**

**Preferred Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To be considered as a member of the Audit Committee, you are required to have financial related experience including, but not limited to:

* Agency budgeting
* Auditing
* Fraud investigation
* Accounting principles
* Serving as treasurer of SEANC or other organizations
* Business operations/reimbursement
* Compliance officer
* Similar related experience

Do you have an educational background related to accounting or auditing?

Yes\_\_\_\_\_ No\_\_\_\_\_

This educational background should be noted on your attached resume.

Do you have the work experience related to accounting or auditing?

Yes\_\_\_\_\_ No\_\_\_\_\_

This work experience should be noted on your attached resume.

Do you have community service work experience related to accounting or auditing?

Yes\_\_\_\_\_ No\_\_\_\_\_

This experience should be noted on your attached resume. (serving as Treasurer or other areas with community service organizations, including SEANC)

**FOR USE BY STATE AUDIT COMMITTEE ONLY:**

Did the candidate provide all of the required information? Yes\_\_\_\_\_ No\_\_\_\_\_

Is candidate considered an approved candidate? Yes\_\_\_\_\_ No\_\_\_\_\_

Date candidate approved by the State Audit Committee as certified candidate for convention:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of State Audit Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feb 2024 (Appendix D) Candidate Application Form**