



# 2016 SALT ACADEMY MEMBER APPLICATION

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Are you on Facebook?: \_\_\_\_\_

Please explain briefly why you would like to be a SALT Award Voter:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RULES FOR SALT VOTERS:

MUST attend a MINIMUM of 24 shows a year. (Though many more than 24 is strongly encouraged)

MUST be able to attend Quarterly Academy Meetings.

MUST be able to vote in a timely fashion within the season.

MUST be able to use Survey Monkey (we will give you a log in if approved) to send in nominations and vote for final awards.

MUST be able to commit to two years on the academy.