



# NATIONAL ASSOCIATION OF PARLIAMENTARIANS®

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## Professional Development Committee

### APPLICATION FOR A MENTOR FOR THE PQE OR PRC

Name: \_\_\_\_\_  RP  PRP

Date when your current six-year period (RP or PRP) ends: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home) \_\_\_\_\_

(Business) \_\_\_\_\_

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City and State/Province: \_\_\_\_\_

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Do you have a webcam?  Yes  No

Please send by email to : [HQ@nap2.org](mailto:HQ@nap2.org)

Subject line: Mentor Application

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