<<<< NOTE TO PRINTER: PERFORATE FORM - DON'T PRINT LINES OR THIS TEXT

2012 Associate Committee Interest Form

Please rank the Committees in your preferred order of service (1=Most Preferred; 5=Least Preferred).

- *If only one choice is listed and you are not selected to serve on the committee of your choice, you may NOT be placed on another committee unless a second and third choice is stated.*

_____ Diversity Committee

_____ Finance and Audit Committee

_____ Governance and *Bylaws* Committee

_____ Member Communications and Education Committee

_____ Public Policy Committee

INFORMATION:
(Please fill out completely)

PREFIX | NAME | SUFFIX

TITLE | INSTITUTION

ADDRESS

CITY / STATE / ZIP

PHONE | FAX | E-MAIL

PROFESSIONAL BOARD STAFF

NAME | PHONE | E-MAIL

☐ Letter of nomination from your board supporting the appointment to an ACCT committee enclosed

COMMENTS:

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