

2011 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
- _____ Finance and Audit
- _____ Governance and *Bylaws*
- _____ Member Communications and Education
- _____ Public Policy

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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