

# 2009 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.
- You can only serve three consecutive terms on the same committee.

\_\_\_\_\_ Diversity  
\_\_\_\_\_ Finance and Audit  
\_\_\_\_\_ Governance and Bylaws  
\_\_\_\_\_ Member Communications and Education  
\_\_\_\_\_ Public Policy

## INFORMATION:

(Please fill out completely)

\_\_\_\_\_

PREFIX	NAME	SUFFIX
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\_\_\_\_\_

TITLE	INSTITUTION
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\_\_\_\_\_

ADDRESS
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CITY / STATE / ZIP
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PHONE	FAX	EMAIL
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Letter of nomination from your board supporting the appointment to an ACCT committee enclosed

## COMMENTS:

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