COMMITTEE MEMBER ACTIONS

COMMITTEE NAME: _____ **MA#** _____

MEETING DATE: ____/____/____

M/S/C to approve the following: ☐ **Add** ☐ **Change** ☐ **Remove**

Name: _____

Firm or Company Name: _____

Position on Committee: ☐ **Member** ☐ **Chair** ☐ **Secretary** ☐ **Associate** ☐ **Instructor**

☐ **Training Coordinator** ☐ **Administrator**

☐ **Principal** ☐ **Alternate** **Nominated by:** _____

Represents: ☐ **Employees** ☐ **Employers**

Application Date: _____ **Occupation represented** _____

Primary address:

_____

_____

Alternate address:

_____

_____

Primary phone:_____ **Alternate phone:** _____

Fax: _____ **E-mail:** _____

Termination Date: _____ **Status:** ☐ **Active** ☐ **Inactive**

Meritorious Award: ☐ **Yes** **Award Recommended Date:** _____

Summary of Qualifications: