



Food Service Advisory Committee (FSAC) Membership Application

Personal Information:

Full Name:

Street Address:

City, State, ZIP Code:

Email Address:

Phone Number:

Affiliation:

- ☐ Food Service Industry: _____
- ☐ Regulatory Official
- ☐ General Public: _____
- ☐ Other (Consumers, Academia, Dieticians, etc.): _____

Background and Experience:

Please provide a brief explanation for your interest in joining the Food Service Advisory Committee (FSAC) and how you believe your skills and experiences align with the committee's goals:

Please describe how you envision contributing to the FSAC and fulfilling its mission to provide leadership in the field of food safety:

Are you available to attend FSAC meetings quarterly?

Are you willing to take part in subcommittees or task force groups if needed?

Please provide any relevant education, professional experience and certifications/training.

Please provide contact information for two professional references who can speak to your qualifications and suitability for the committee.

I hereby affirm that the information provided in this application is accurate and complete to the best of my knowledge. I have read and understand the FSAC Operational Guidelines and agree to abide by them if selected as a member.

Signature: _____

Date: _____