

WILL SERVE FORM

Your Name _____
(Mr. Mrs. Miss) Please Print

Address City/Zip

Home Phone _____ Business Phone _____
Area code/Number Area code/Number

Present Employer _____

Dietary Managers Course or Program from which you graduated _____
Year of Graduation _____ How long have you been a member of DMA _____

List National Meetings attended _____

How many years have you worked in food service _____

Have you received any special honors or recognition in food service _____

Describe briefly _____

I would be willing to serve as a State Officer Yes _____ No _____

If yes, which office or offices _____

I would be willing to serve on a State Committee Yes _____ No _____

If yes, which committee interests you _____

List offices held **Years Served** **Year Served** **Year Served**

President National _____ State _____ District _____

President-elect National _____ State _____ District _____

Secretary National _____ State _____ District _____

Treasurer National _____ State _____ District _____

List Committee Appointments held:

Nominating National _____ State _____ District _____

Education National _____ State _____ District _____

Historian State _____ District _____

Legislative National _____ State _____ District _____

Special _____

Signed _____ Date _____