



I WILL SERVE

Minnesota DMA

Minnesota Dietary Managers Association needs dedicated volunteers who are willing to serve as officers and committee members. Please indicate below in which capacity you are willing to help serve your professional association.

As an Officer:

President-Elect _____ Secretary _____ Treasurer _____

As a Committee Member:

- | | |
|------------------------------|-----------------------------------|
| _____ Awards & Recognition | _____ State Conference Planning |
| _____ Impact Team | _____ Task Force/Special Projects |
| _____ Membership & Education | _____ Travel/National Meetings |
| _____ Newsletter/Web Page | _____ Vendor & Expo |
| _____ Nominating/Teller | |

If interested, please fill out form above and return to current State President or any member of the executive board. See addresses in front of newsletter.

Your Name _____

Street Address: _____

City, State, Zip: _____

Work Phone: _____ Home Phone: _____
