



DIETARY MANAGERS ASSOCIATION

MISSOURI

Officer Nomination Application Form

Nomination of State officer position _____

Name _____ Membership No. _____

Mailing Address _____ City/State/Zip _____

Home Phone _____ Business Phone _____

Present Employer _____ Employed in Dietary or Related ___Y___N

Job Title or Position Held _____ No. of years in current position _____

No. of Years Worked in Food Service _____ No. of years of formal education _____

Dietary Managers Course or Program from which you graduated: _____

Date of Graduation _____ No. of Years in DMA _____

Briefly describe any honors or recognition you have received related to food service: _____

Would your current employer be willing to support your commitment to serve at the State Level? ___Y___N

Is your family supportive of your work with DMA and willing to let you serve at the State Level? ___Y___N

Are you willing to commit to the time, travel and assignments required of a State Volunteer? ___Y___N

Table with 3 columns: List offices held, Year Served, Year Served. Rows for President, Pres- Elect, Secretary, Treasurer.

List committee appointments held:

Select one of the state offices or committees you have held and explain a specific goal accomplished during your term of service. _____

List any other civic or professional organizations that you are involved in as a leader, committee member or officer. _____

Why? _____

How have you benefited personally from your membership in DMA? _____

Signature _____ Date _____