

ND DMA Chapter
Office or Committee Interest Form

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 _____
Other volunteer experience? _____ No. of Years Worked in Food Service _____
I am interested in serving as _____ Chapter Officer _____ Chapter Committee Member _____ Both
Would your current employer be willing to support your commitment to serve at the Chapter Level? ___Y___N
Is your family supportive of your work with DMA and willing to let you serve at the Chapter Level? ___Y___N
Are you willing to commit to the time, travel and assignments required of a Chapter Volunteer? ___Y___N
What value do you feel you would bring to a Chapter office or committee? (Brief) _____

If you were to be selected as a nominee for the Chapter Board what is one goal or objective you would like to work toward in that office? _____
Why? _____
How have you benefited personally from your membership in DMA? _____

Additional comments or thoughts: _____

Signature _____ Date _____

Return to:

Heather Weber, ND DMA President
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601 – 17th Ave. N.
Wahpeton, ND 58075