

**MI DMA Office or Committee
Interest Form**

Name _____ Membership No. _____

Mailing Address _____

City/State/Zip _____ Home Phone _____

E mail Address _____ 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 would like more information for the following Chapter Officer _____

I am interested in serving as Chapter Officer of _____

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:

MI Dietary Managers Association

Becky Mayer CDM, CFPP

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W- 517-439-9341

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