



## Request for Committee Appointment

(Member must be in good standing for (1) one year.

(Please Print:)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Chapter: \_\_\_\_\_

Please print option(s) (1) or (2)

- \_\_\_\_\_ Civil Service Laws Committee
- \_\_\_\_\_ Women's Committee
- \_\_\_\_\_ Scholarship Committee
- \_\_\_\_\_ Political Action/Organizing Committee

\_\_\_\_\_  
Name Printed (Chapter Chair) \_\_\_\_\_ Chapter

\_\_\_\_\_  
Signature (Chapter Chair) \_\_\_\_\_ Date

Administrator Endorsement: ( ) Approved ( ) Disapproved