

ACMA COMMITTEE APPLICATION

Name: _____

ACMA Member Type: Full Associate *(Student members may volunteer for the conference planning committee)*

How long have you been a member of ACMA? _____

Job Title: _____

Organization: _____

Phone Number: _____ - _____ - _____

Email Address: _____

Please select which ACMA Committee you would like to apply for: *(You may select more than one)*

- Conference Planning Committee
- Scholarship Committee
- Harvard Scholarship Committee
- Mentoring Committee

Have you ever served on a past ACMA Committee? If so, which committee(s), and what was the term of your service?

Why would you like to be considered for an ACMA Committee appointment?
