

COMMITTEE INTEREST FORM

NAME: _____ HOME PHONE # _____

ADDRESS: _____

MAILING ADDRESS (be sure to include): _____

REQUESTING APPOINTMENT TO:
NRTA ADVISORY BOARD DISABLED REPRESENTATIVE

.....
Reasons for Interest in Serving:

.....
Special Skills or Education (please be specific):

.....
How Experience Relates to Particular Board Interest:

.....
What else would you like us to know about you?