

## **APPLICATION FOR PMLA COMMITTEE ASSIGNMENT**

| Name:                            |              | Committee Requested:(1-Year Term) |                   |                    |  |
|----------------------------------|--------------|-----------------------------------|-------------------|--------------------|--|
|                                  |              |                                   |                   | (1-Year Term)      |  |
| Mailing Address:                 |              |                                   |                   |                    |  |
| Email Address:                   |              |                                   |                   |                    |  |
| Unit: Lo                         | ot: Pho      | one: Home<br>Business             | Cell _            |                    |  |
| Brief summar committee:          | y of interes | t and areas wher                  | e you can cont    | ribute to this     |  |
|                                  |              |                                   |                   |                    |  |
|                                  |              |                                   |                   |                    |  |
|                                  |              |                                   |                   |                    |  |
|                                  |              |                                   |                   |                    |  |
| Would you be                     | e willing to | serve, if selected,               | as Chairman c     | of this committee? |  |
| YES                              | NO           | If no, please e                   | xplain:           |                    |  |
| Please list pre<br>organizations |              | ce on PMLA comr                   | mittee, or in otl | ner PML            |  |
|                                  |              |                                   |                   |                    |  |
| Signed:                          |              |                                   | Date:             |                    |  |
| For Association Date Received:   |              | Received By:                      |                   |                    |  |