2020

COMMITTEE REQUEST FORM

I would like to:

The committee	e (s) bel	ow					
Organizing	{ } add	{ } remo	ove	Health 8	& Safety	{ } add	{ } remove
Election	{ } add	{} remo	ove	Enterta	inment	{}add	{ } remove
Legislative	{}add {}remove						{ } remove
Rights/Women's Community Services { } add { } remove							
Building (appoint	ed by Pr	esident {	} add { }	remove			
By Laws (appointed by President) { } add { } remove							
Budget (appointed by President) { } add { } remove							
Name:							
Address:							_
City:		State:		Zip:			
E-Mail address	•	***************************************					
Contact number:							
Company (circle o	ne) CC	J AT&T	Dex/YP	AT&T Wireless	NIS	Utility	
Officer Approval	{ } Y	es {}No	Date				
Board Approval	{ } Ye	es {}No	Date				
Gen. Mbr Shp Apv	/l {}Y	es {}No	Date				