

AREA 14 SERVICE RESUME
(ELECTED POSITIONS 2019-2020 Panel 69)

Instructions: Complete and turn in to Secretary if standing at July Assembly. Thank you for your willingness to serve.

NAME: _____ SOBRIETY DATE _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE NUMBER: _____ e-MAIL: _____

POSITION: _____

SERVICE HISTORY INFORMATION: (continue on back)

WHY I WISH TO SERVE IN THIS CAPACITY: (Continue on back)

(Over)

_____ Delegate

_____ Chair

_____ Secretary

_____ Registrar

_____ Alt. Delegate

_____ Alt. Chair

_____ Treasurer