

**Association for the Professional in Infection Control and Epidemiology
Atlanta Chapter 025**

Willingness to Serve Form 2017

Name: _____ Title: _____

Institution: _____ Supervisor _____

APIC Member ID # _____

Work Phone: _____ Alternate Phone: _____

Email Address: _____

Please describe your current scope of practice: _____

Please give a brief introduction of yourself for our fellow chapter members:

If selected, I agree to honor all responsibilities and attend scheduled meetings of the position that I am seeking. Please indicate your willingness to be considered for one of the positions below by marking your preference:

Nominating Committee-Chair

Signature: _____

Date: _____