

**CONSENT TO SERVE FORM**

**20\_\_ – 20\_\_ COMMITTEES**

AUDIT (Member) BYLAWS (Member)

PUBLICATIONS (Chair/Member) BUDGET & FINANCE (Member) PUBLIC POLICY (Chair/Member) CERTIFICATION (Chair/Member)

EDUCATION (Chair) MEMBERSHIP (Member)

WEBSITE (Chair/Member) WAYS & MEANS (Member)

NOMINATION (Member)

Ad-Hoc Committee’s (as needed)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

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Phone (\_\_\_\_\_\_) \_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_ ( \_\_ home \_\_ cell \_\_\_ work)

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter Board Position (if held): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I AM WILLING TO CHAIR THE FOLLOWING COMMITTEE(S):**

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**I AM WILLING TO SERVE ON THE FOLLOW COMMITTEE(S):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Please mail or email completed form to:

TSMA Executive Board

2507 Clover Ridge

League City, TX 77573 or

president@mytsma.org