



MECHANICAL INSPECTORS ASSOCIATION OF MICHIGAN

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MECHANICAL INSPECTORS ASSOCIATION OF MICHIGAN COMMITTEE MEMBER CANDIDATE FORM

Name of Candidate _____

Firm _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Title _____

Committee Interest: Please indicate below the committee(s) and boards of your choice. If you are selecting more than one committee, indicate your priority by number (i.e., 1 = first choice; 2 = second choice, etc.)

- | | |
|---|---|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Advisory Board |
| <input type="checkbox"/> Education Committee | <input type="checkbox"/> Conference Committee |
| <input type="checkbox"/> Nominating Committee | <input type="checkbox"/> Bylaws Committee |
| <input type="checkbox"/> Awards Committee | <input type="checkbox"/> Protocol Committee |
| <input type="checkbox"/> Legislative & Code Study Committee | <input type="checkbox"/> Mechanical Contractor/Inspector Review Board |

What professional organizations are you a member of? _____

Briefly describe your qualifications and reasons for seeking an MIAM Committee appointment.

Signature of Candidate _____ Date _____

Please return this form to the MIAM Board of Directors

