



NIAAA Committee Membership Application

Thank you for your interest in serving on an NIAAA Conference Advisory Committee. Attending committee meetings are essential during this year your assignment. Meetings will be held the last week of January, and during the National Alcoholism Directors Conference in December. Please do not complete this application if you are unable to attend the winter meeting and annual conference.

Name _____ Title _____ Date _____

School _____

School Address: _____
Office phone: _____ Cell phone: _____ Email: _____

Home Address: _____

In an effort to provide diversity within our association please complete this voluntary section:

Gender: Male Female
Ethnicity: Caucasian Pacific Islander Latino African American Native American
 Asian Alaska Native Multi Cultural

NIAAA Section Number: _____ Designation: RAA, _____ OAA, _____ CMAA, _____ NIAAA, _____
NIAAA Membership Classification: Regular Associate Retired Lifetime
Years of NIAAA Membership: _____ (calendar year: 2017)

Number of National A. D. Conferences attended: _____

Please check the following items which you have been involved with during past conferences:

- Workshop Speaker
- Conference General Session Provider
- Workshop Moderator
- Previous Working Committee
- Voting Delegate
- State Liaison

US Completed: 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400

Please check the National Conferences you plan to attend in the future:

Montreal 2019 Tampa 2020 Denver 2021 Nashville 2022 Orlando 2023

Please check three committees you would like to serve on, in order of preference. (Brief descriptions provided on next page.) If your choices are not available, I am willing to serve on any committee. Yes _____ No _____

- 1. _____
- 2. _____
- 3. _____

Accreditation	Leadership	Membership	Spill to Facilities
Research	Endorsement	National Network	
Certification (CMAA Approved)	Need of State	Education	Conference Advocacy
Career Education	Referral	Publications	

Subject Area with Expertise:

Subject Area with Experience: