APIC

Association for Professionals in
Infection Control and Epidemiology

CHICAGO APIC

2010 Willingness to Serve Form

Name:
Address:
City: State: Zip Code:
Number of Years as an ICP: Number of Years in APIC:
Credentials: Current Employer:

Willing to Serve as: ***President Elect***

Membership Secretary

Treasurer

Director, Education Chairperson

Nominating/ Awards Committee (5 positions)

In 150 words or less, please provide your statement of goals for the position you are willing to serve in.

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Signature for Consent to Serve:

_____

Date: _____

Mail or Fax to: Kay O'Connor RN, BS, CIC
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pager 936
fax 847 490-2770
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