APIC
Association for Professionals in
Infection Control and Epidemiology

CHICAGO APIC
2008 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.

Signature for Consent to Serve: _____

Date: _____

Mail or Fax to: Maria Montero: Fax (630) 978-6860

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Email : maria_c_montero@rsh.net