

**MID-ATLANTIC SUGA
BOARD APPOINTED
ADVISORY MEMBER APPLICATION
MEMBER AT LARGE**

Advisory Member

Member at Large

NAME: _____

ORGANIZATION: _____

JOB TITLE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Local room # and departure date/time in case the Mid-Atlantic SUGA Board wants to interview you:

NUMBER OF MID-ATLANTIC SUGA CONFERENCES YOU HAVE ATTENDED: _____

PLEASE EXPLAIN YOUR BACKGROUND AND THE TYPE OF ASSISTANCE YOU
COULD OFFER:
