

2007 Committee Membership Application

Name: _____ Date: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Fax Number: _____

Email: _____

Products or Services: _____

Committee(s) you wish to join: _____

Why do you wish to join this committee? (Add additional pages as necessary) _____

By signing this application you agree and understand the following:

- You understand that membership in committees is voluntary and that applying for membership does not guarantee membership.
- You understand that all committee members must be appointed yearly by the TCA President and as such, you will be required to reapply annually throughout your tenure on the committee.
- You agree to attend on face-to-face committee meeting held during the TCA Convention Week each fall.
- You agree to abide by all policies governing TCA committees, including the TCA Anti-Trust Policies.
- You agree that all information and products (papers, guides, tools, software, etc.) created, improved upon or related to the committee(s) are property of TCA and cannot be reproduced or distributed without written authorization from TCA.
- You agree to disclose any potential conflict of interest that may arise and prevent you from acting in the best interest of the association and the Tilt-Up industry at large.

Applicant's signature: _____ Date: _____

For Office Use Only:

Chair of committee: _____ Approved _____ Not Approved _____ Date: _____

TCA President: _____ Approved _____ Not Approved _____ Date: _____

Committee staff liaison _____ Date: _____

Comments: _____

