

IAPD COMMITTEE APPLICATION

Please complete the following form and return to IAPD Member Services.

Personal Information

Name _____

Title _____

Company _____

Address _____

City, State/Prov, ZIP/Mail Code/Country _____

Phone _____ E-mail _____

Volunteer Information

My company is:

Distributor Resin Manufacturer/Distributor Fabricator Recycler

Manufacturers' Representative Manufacturer Associated Products & Services (what type of service? _____)

I'm interested in volunteering for one of the following committees:

Convention & Expo Committee Editorial Committee Education Committee Environmental Committee

Government Relations Committee Marketing Committee Membership Committee Scholarship Committee

Women in Plastics Do not know, but I am interested in volunteering

I'm interested in Chairing a Common Interest Group (CIG) or Program:

Pipe Valves and Fittings Canadian Manufacturers' Representatives

Do not know, but I am interested in volunteering

Qualification Information

My skills and strengths are:

My role within my company is: _____

General job description: _____

Years with company: _____

I have expertise in these materials:

I have expertise in these markets:

Return the form to
IAPD Member Services
6734 West 121st Street
Overland Park, KS 66209 USA
Phone: +913.345.1005 | Fax: +913.345.1006
Email: iapd@iapd.org