Regional Association of Student in Family and Consumer Sciences

WIM Officer Application

Due by beginning of Saturday morning business meeting; and may be given to any officer.

Please Print

Name: _____

College Address: _____

City: _____ **State:** _____ **Zip:** _____

College Phone #:_____ **Home Phone #:** _____

Email Address: _____ **College/Univ:** _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

I am applying for the following WIM Office *(please circle):*

President Vice President Secretary
Treasurer Social Chair Publicity Chair
Delegate at Large

Related experience that would prepare me to be an officer: _____

_____

_____

_____

_____

_____ (continue on back)

I, _____, have read the officer duties and qualifications, and if elected, I will carry out my responsibilities to the best of my abilities.

Signature: _____ **Date:** _____

+-+-+-+-+-+-+-+-+-+-+

Advisor Information: I, _____, have read the officer duties and qualifications and recommend the above student for the office(s) for which he/she has applied.

Comments regarding the applicant: _____

_____

_____

Advisor Name: _____ School: _____

College Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ FAX: _____

Home Phone: _____ Email Address: _____

Advisor Signature: _____ **Date:** _____