



EWRI Committee/Council

COMMITTEE/COUNCIL CHAIR NOMINATION BIOGRAPHICAL INFORMATION

Name _____ ASCE/EWRI ID# _____
Address _____

City _____ State _____ Zip _____ Home Phone _____
Preferred E-mail Address _____ Alternate E-mail Address _____
Preferred Fax Number _____ Alternate Fax Number _____
Nominated for chair of _____ Committee/Council _____
Job Title _____
Employer _____
Employer's Address _____
City _____ State _____ Zip _____ Work Phone _____
Preferred FAX number _____ Alternate Fax Number _____
Educational Background (degrees and dates): _____

Past Organizational Participation:

EWRI/ASCE Service (list committees/councils and positions held):

Past Service to other Professional & Technical Organizations (list organizations and positions held):

The foregoing is presented for consideration by the _____ Committee/Council for appointment as chair of the named Committee/Council. I fully understand the responsibilities of the assignment and am willing to serve, if appointed.

Date _____

Signature _____

Mail this application to: EWRI/ASCE Technical Activities, 1015 15th St. N.W., Ste. 600, Washington, D.C. 20005