

Committee Interest Application

Please complete the below application to submit your interest in serving on an OAC Committee. Name: _____ Title: _____ Company: _____Occupation: ____ City: _____ State: ____ Zip: ____ Phone: _____ Email: ____ Are you a member of the OAC's Community? □Yes □No Are you willing to promptly disclose any conflicts of interest? □Yes □No Are you willing to sign a confidentiality agreement? □Yes □No Please Select the Committee(s) which You are Interested in Applying: **OAC Education Committee OAC Access to Care Committee** OAC Advancement and Committees of the OAC National Convention-**Development Committee** Subcommittees - Program Agenda Committee and Welcome Committee **□** OAC Membership Committee

Once you have selected the committee(s) of interest to you, your interest will then be sent to the respective Committee Chair for consideration. Please note that not all committees have openings at this time, however your interest will be kept on file for future consideration.

Return Completed Application to:

Email: Mail info@obesitvaction.org Obes

OAC Weight Bias Task ForceOAC Medical Tourism Task Force

Mail to:Obesity Action Coalition
4511 N. Himes Ave., Suite 250
Tampa, FL 33614

Fax to:

(813) 873-7838