



Committee Interest Application

Please complete the below application to submit your interest in serving on an OAC Committee.

Name: _____ Title: _____

Address: _____

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:

- | | |
|--|--|
| <input type="checkbox"/> OAC Education Committee | <input type="checkbox"/> OAC Access to Care Committee |
| <input type="checkbox"/> OAC Advancement and Development Committee | <input type="checkbox"/> Committees of the OAC National Convention-
<i>Subcommittees – Program Agenda Committee and Welcome Committee</i> |
| <input type="checkbox"/> OAC Membership Committee | |
| <input type="checkbox"/> OAC Weight Bias Task Force | |
| <input type="checkbox"/> OAC Medical Tourism Task Force | |

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:
info@obesityaction.org

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

Fax to:
(813) 873-7838