AREA 14 SERVICE RESUME

ELECTED POSITIONS 2025-2026 Panel 75

Instructions: Complete and turn in to Secretary if standing at July Assembly. Thank you for

your willingness to serve.

NAME:SOBRIETY DATE

ADDRESS: _____

CITY/STATE/ZIP	

PHONE NUMBER: ______e-MAIL: _____

POSITION: _____

SERVICE HISTORY INFORMATION: (continue on back)

WHY I WISH TO SERVE IN THIS CAPACITY: (Continue on back)

(Over)

_____Delegate _____Alt. Delegate

____Chair ____Alt. Chair

____Secretary ____Treasurer

____Registrar