

EASTERN DISTRICT

NORTH CAROLINA PUBLIC HEALTH ASSOCIATION

NOMINATING COMMITTEE

(MOST RECENT PAST-CHAIRPERSON WHO IS AVAILABLE TO SERVE)

NAME: _____

AGENCY: _____

MAILING ADDRESS: _____

TELEPHONE (WORK): _____

(HOME): _____ (FAX): _____

EACH NEW SECTION CHAIRPERSON Shall APPOINT A REPRESENTATIVE TO THE FOLLOWING EDNCPHA COMMITTEE. THESE REPRESENTATIVES Shall SERVE FOR A ONE YEAR TERM DURING THE FISCAL YEAR OF EDNCPHA.

SCHOLARSHIP COMMITTEE

NAME: _____

AGENCY: _____

MAILING ADDRESS: _____

TELEPHONE (WORK): _____

(HOME): _____ (FAX): _____

SERGEANT-AT-ARMS COMMITTEE

NAME: _____

AGENCY: _____

MAILING ADDRESS: _____

TELEPHONE (WORK): _____

(HOME): _____ (FAX): _____

*** HOME TELEPHONE NUMBER IS OPTIONAL