PLEASE TYPE OR PRINT. This form should be completed by the applicant and returned to the MNWT Chairman of the Board prior to May 1st. State committee chairs shall be appointed by the outgoing Chairman of the Board and approved by the state executive committee no later than MNJOTS.

Print Name		Date Submitted	
Address			
Email		Phone	
Chapter			
Which Statewide Committee w	ould you like to chair?		
☐ Future Directions	☐ Marketing	☐ Membership Management	
Local offices held:			
District offices held:			
State offices and/or chairmansh	ips held:		
Why would you like to chair th	s committee? Include go	als you would like to pursue as chair of this committe	ee.