

NIAAA Committee Membership Application

Thank you for your interest in serving on an NIAAA committee. Committee meetings are held during the NADC. It is important that all committee members attend the conference. Please do not complete an application if you are unable to attend the annual conference.

Name: _____ Title: _____ Date: _____

School: _____

School Address: _____
(Street) (City) (State) (Zip)

Office phone: _____ Cell phone: _____ Email: _____

Home Address: _____
(Street) (City) (State) (Zip)

In an effort to provide diversity within our association, please complete this voluntary section:

Gender: Male Female

Ethnicity: Caucasian Pacific Islander Latino African American Native American
 Asian Alaskan Native Multi-Cultural

NIAAA Section Number: _____ Designation: RAA: _____ CAA: _____ CMAA: _____ RMSAA: _____

NIAAA Membership Classification: Regular Associate Retired Lifetime

Years of NIAAA Membership: _____ (charter year: 1977)

Number of National A. D. Conferences attended: _____

Please check the following items that you have been involved with during past conferences:

Workshop Speaker Conference General Session President
 Workshop Moderator Previous Standing Committee
 Voting Delegate State Liaison

LTI Completed: 501 502 503 504 506 508 510 511 608 610 611 612 613
614 615 616 617 618 619 620 621 622 625 626 627 630 631 633
640 700 701 703 705 706 707 709 710A 710B 714 715 719 720 721
723 724 726 790 799 901 902 903 904

Please check the National Conferences you plan to attend in the future:

Tampa 2020 Denver 2021 Nashville 2021 Orlando 2022 _____ 2023

Please choose three committees you would like to serve on, in order of preference. (Brief descriptions provided on next page.)
 If my choices are not available, I am willing to serve on any committee. Yes ____ No ____

1. _____	Accreditation	Credentials	National Initiative & Assistance Network	Sports Facilities
2. _____	Awards	Endowment	Resolutions	Nat'l AD Conf. Advisory
3. _____	Certification (CMAA Required)	Hall of Fame	Publications	
	Coaches Education	Membership	Retired	NFHS Rep – Student Services, Sports Med., Coaches Ed

Subject Areas with Expertise: _____ Subject Areas with Experience: _____

If selected, endorsements must be provided by your local school administrator and your state athletic administrators association.
 Send completed application to: **Josh Scott, CMAA, NIAAA Secretary, Springfield Public Schools, 1610 E. Sunshine St., Springfield, Missouri 65804** Email: jescott@spsmail.org