



## AMERICAN BACKFLOW PREVENTION ASSOCIATION

100 N. 20<sup>th</sup> Street, Suite 400, Philadelphia, PA 19103

979-846-7606 | Fax 215-564-2175

[www.abpa.org](http://www.abpa.org)

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### APPLICATION FOR COMMITTEE APPOINTMENT

#### ABPA COMMITTEES

All Committees are authorized by the ABPA Board of Directors and shall have a Chair that shall be appointed by the President. The Chair shall be responsible for the development, completion and reporting of all assigned Committee activities. The Chair shall comply with the ABPA bylaws. He/she shall appoint current Association members to be committee members to assist in the charge of the committee unless membership is established by the ABPA bylaws. All committee members are volunteers and not subject to compensation. All work done by the committee is the property of the Association. The Committee chair shall serve at the pleasure of the President.

The American Backflow Prevention Association is an organization whose members have a common interest in protecting drinking water from contamination through cross-connections. ABPA is an organization dedicated to education and technical assistance. Through its network of regions and chapters, local needs and interests are supported with the resources of the national organization. ABPA is committed to advancing all aspects of backflow prevention for the continued protection of all water users.

#### CONTACT INFORMATION

Please complete all questions and provide us with as much information as you feel will assist us in the selection process. Sign and return the application to ABPA headquarters via [info@abpa.org](mailto:info@abpa.org).

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employer/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

If using PO Box above, please provide physical address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Membership #: \_\_\_\_\_ *ABPA Membership is required for committee participation*

#### COMMITTEE INTEREST

Please indicate the committee on which you would like to serve.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Administrative Policy & Procedures | <input type="checkbox"/> Communications       | <input type="checkbox"/> Membership                   |
| <input type="checkbox"/> Awards                             | <input type="checkbox"/> Elections            | <input type="checkbox"/> National Codes & Standards   |
| <input type="checkbox"/> Budget & Finance                   | <input type="checkbox"/> External Affairs     | <input type="checkbox"/> National Conference          |
| <input type="checkbox"/> Bylaws                             | <input type="checkbox"/> Governmental Affairs | <input type="checkbox"/> Position Statements          |
| <input type="checkbox"/> Certification                      | <input type="checkbox"/> Magazine/Newsletter  | <input type="checkbox"/> Public Awareness & Education |

#### QUALIFICATIONS

- a. List past committee experience, Chapter activities, professional memberships, certifications, and areas of interest; include a brief resume.

b. Is your employer or organization supportive of your involvement with committee work including conducting electronic correspondence and occasional conference telephone calls?

Yes  No

c. Do you have Internet access:  Yes  No

**REPRESENTATION**

Will you represent an organization in addition to your employer?  Yes  No

(If yes, please indicate the organization): \_\_\_\_\_

(Include authorization): \_\_\_\_\_

**FUNDING SOURCE FOR YOUR PARTICIPATION**

a. What person, organization or company would fund your participation:

\_\_\_\_\_

b. Background and description of your employer and/or other person(s) or organization(s) funding your participation:

**ADDITIONAL COMMENTS**

**APPOINTMENT TO A COMMITTEE SHALL BE BASED ON THE FOLLOWING:**

- Qualifications of the applicant, ability to attend committee meetings, and actively participate in the work of the committee
- Maintaining a balance of all affected interests within the membership of each committee

**REQUIREMENTS OF COMMITTEE MEMBERSHIP**

- In becoming a committee member, the individual makes a commitment to attend meetings consistently, read and respond to committee materials, return assignments promptly, and work constructively towards the committee's goals.
- Committee members must abide by the bylaws that govern the structure and activities of the ABPA. A copy of the bylaws is available to all members on the website.

If appointed as a member of any ABPA committee, I hereby grant the American Backflow Prevention Association (ABPA) the non-exclusive, royalty-free rights, including nonexclusive, royalty rights in copyright, to any contributions I make to documents prepared by or for a committee for ABPA publication, and I understand that I acquire no rights in publication of such documents in which my contribution or other similar analogous form is used. I hereby attest that I have the authority and I am empowered to grant this copyright release.

If appointed as a member of any ABPA committee, I understand that certain expenses I may incur shall be my responsibility, unless granted otherwise by the written prior approval of the Committee Chair. An established budget has been set for such expenses by the ABPA Board of Directors.

Signature \_\_\_\_\_  
*(Placing your name here signifies that you agree with the statements above)*

Date \_\_\_\_\_

Please email this application and any attachments to [membership@abpa.org](mailto:membership@abpa.org).

