

District 17 – SERVICE RESUME

ELECTED POSITIONS 2025-2026 PANEL 76

INSTRUCTIONS: Complete and return to the Secretary at the next District meeting. 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)

DCM _____ ALT DCM _____ SECRETARY _____
TREASURER _____ REGISTRAR _____