

## 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)

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WHY I WISH TO SERVE IN THIS CAPACITY (Continue on back)

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DCM \_\_\_\_\_ ALT DCM \_\_\_\_\_ SECRETARY \_\_\_\_\_  
TREASURER \_\_\_\_\_ REGISTRAR \_\_\_\_\_