



PMI LEADERSHIP COMMITTEE APPLICATION

This information is for consideration for a chair position for a PMI Leadership Committee. Please provide all information that will assist us in determining your qualifications and willingness to serve.

Name: _____ Title: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Please indicate the committee position which best relates to your representation.

- Advocacy/Government Affairs Committee
- Industry Marketing Committee
- Technical Committee

QUALIFICATIONS OF APPLICANT:

Provide general knowledge and competence in the scope of the committee and reason for becoming a chair.

Will you be able to regularly participate in the work of the Committee including conference calls, in person meetings and attending the PMI Conference? Yes No



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Indicate number of years in the industry and involvement with PMI thus far in the Advocacy/Government Affairs, Allied, Commerce, Marketing and/or Technical Committees and PMI Conferences/Meetings.

Have you attended a PMI Conference/Meeting? Yes No

Applicant Name: _____

Applicant Signature: _____ Date: _____

Please email or send a signed copy or an electronic copy with signature to:

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