DEPARTMENT OF WISCONSIN
STANDING COMMITTEE APPLICATION

Name_____ **District #** _____ **Post** _____

Address _____ **City**_____ **Zip** _____ **Email** _____

Phone _____ Committee Appointment Requested _____

Have you previously served on a **Department Committee**? ☐ Yes ☐ No

If yes, which committee(s) and in what capacity?

Have you ever served on a **District, County, or Post Committee**? ☐ Yes ☐ No

If yes, on which Committee(s) and in what capacity?

What strengths and attributes do you bring to the requested Department Committee that would make you a good candidate for this appointment (including professional and technical skills)?

Attendance at Department Committee meetings is mandatory. Per Department Bylaws, Article III, Section 4(d), any member absent for two consecutive meetings, may be dismissed by the Department Commander.

Applicants Signature_____

See reverse for District Commander's Remarks

District Commander's Remarks:

District Commander, please submit this form to your Department Vice Commander for delivery to the Department Adjutant prior to Department Convention.