

RANM April 1, 2016 – March 31, 2019 Legislative Committee Request Form 3 Year Term

Name:		
Address:		
	Fax:	
	E-Mail:	
Member Board/ RANM (overnment Affairs Experience:	
have expertise in the fo	owing areas:	
Comments: (Include any appointment request.)	ther information we should know regarding your qualifications for your comr	nittee