



Signature: __

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APPLICATION FOR COMMITTEE / WORKING GROUP MEMBERSHIP

Committee or Working Grou	ıp:	
Name:	Title:	
Company / Organization: _		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		
QUALIFICATIONS OF A	PPLICANT	
(a) Evidence of general know (please attach resume).	edge and competence in the scope	(work) of the Committee/Working Group
(b) Specific relationship of app	plicant to one or more elements of th	e scope of the Committee/Working Group:
	to actively participate in the work of the control	he Committee/Working Group, including ing Group meetings?
REPRESENTATION		
	an organization in addition to their ov anization and include authorization):	
FUNDING		
(a) What person, organization	or company would fund participation	n:
(b) Background and description	on of employer/organization funding p	participation:
ADDITIONAL COMMEN	TS	
		dures for the development of Standards for the Plumbin e to notify the Standards Coordinator and the Committe
/Working Group Chair of any change in s grant, all and full rights in copyright in a Group, or which I submit for the proposi qualification) or other ASSE publication.	tatus - including employment, representation, or ny material which I author, either individually or v ed use of the Committee/Working Group in an AS I further acknowledge that I acquire no rights in	r funding. I also agree that ASSE shall have, and I hereb with others, as a member of a Committee/Working SSE Standard (product performance or professional any publication of ASSE and the copyright and all right d that ASSE may register copyright in its own name.

Date: _