

CALIFORNIA AUTOMATIC VENDORS COUNCIL

A State Council of National Automatic Merchandising Association

CALIFORNIA AUTOMATIC VENDORS COUNCIL BOARD APPLICATION

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Ext:** _____ **Fax:** _____

E-mail _____

Please complete 1 thru 5:

1. **Personal information** (education/certification/family/community involvement/interest/career experience

Education: _____

Certification: _____

Family: _____

Community Involvement: _____

Interest: _____

Career experience: _____

2. **Industry References:** _____

3. **Industry Organization involvement and/or leadership:** _____

4. **Why do you want to serve on the CAVC Board?** _____

5. **In what areas of industry interest do you feel you could help move the industry andCAVC forward?**

Please feel free to use another sheet of paper if you need more room to complete your answer.