

ASSOCIATION OF FOOD AND DRUG OFFICIALS

HONORARY MEMBERSHIP NOMINATION FORM

NOMINEE'S NAME AND ADDRESS

Name:

Street Address:

City:

State:

ZIP Code:

LAST POSITION HELD AS A REGULATORY OFFICIAL

Position Held:

Description of this Position:

EMPLOYMENT HISTORY

Please Provide a Summary of the Nominee's Employment History:

AFDO ACTIVITIES AND CONTRIBUTIONS

Please Provide a Summary of the Nominee's AFDO Activities and Contributions:

REGIONAL AFFILIATE ACTIVITIES AND CONTRIBUTIONS

Please Provide a Summary of the Nominee's Regional Affiliate Activities and Contributions:

ADDITIONAL INFORMATION

Please Identify Other Significant Activities, Accomplishments, or Contributions:

NOMINATED BY

Name:

Date:

Email completed form to: afdo@afdo.org