



# Committee Interest Application

Please complete the below application to submit your interest in serving on an OAC Committee.

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a member of the OAC's Community? Yes No

Are you willing to promptly disclose any conflicts of interest? Yes No

Are you willing to sign a confidentiality agreement? Yes No

## Please Select the Committee(s) which You are Interested in Applying:

- OAC Education Committee
- OAC Access to Care Committee
- OAC Advancement and Development Committee
- OAC Mental Health Committee
- OAC Membership Committee
- Committees of the OAC National Convention-  
*Subcommittees – Program Agenda Committee and Welcome Committee*
- OAC Weight Bias Committee

*Once you have selected the committee(s) of interest to you, your interest will then be sent to the respective Committee Chair for consideration. Please note that not all committees have openings at this time, however your interest will be kept on file for future consideration.*

### Return Completed Application to:

**Email:**  
[info@obesityaction.org](mailto:info@obesityaction.org)

**Mail to:**  
Obesity Action Coalition  
4511 N. Himes Ave., Suite 250  
Tampa, FL 33614

**Fax to:**  
(813) 873-7838

**\*\*Internal Use Only\*\***

Committee Chair: \_\_\_\_\_

Approved Not Approved



# Committee Interest Application

1. Please tell us about yourself:
2. Why do you want to join this OAC committee?
3. What special skills or expertise can you contribute to the committee?
4. Why are you passionate about the work we do at OAC?