



Name:
Address:
City: _____ State: _____ Zip: _____
Phone:
Email:
MMOTA Chapter:
Office for which Resume is Submitted:
Chairmanship for which resume is submitted:

QUALIFICATIONS

State Offices & Committee Positions Held:

Chapter Offices Held:

Chapter Committees:

Special Skills or Training that would qualify you for this office or chairmanship:

EMAIL COMPETED APPLICATION TO:

MMOTA STATE PARLIAMENTARIAN

INFO@MMOTA.ORG

MUST BE RECEIVED NO LATER THAN THE MARCH STATE MEETING