

COMMITTEE GOALS

COMMITTEE ROSTER REQUIREMENTS



Committee Name

Select Quarter

Committee Chair

Date Submitted

MEMBER ROLE	MEMBER NAME	I-CAR ID	PHONE <i>(Preferably Mobile)</i>	EMAIL <i>(Preferably Personal)</i>	ORG.	INDUSTRY SEGMENT

**Rosters must be submitted on this form, by the end of January of each year and uploaded into the Committee Portal.
ALL COLUMNS MUST BE COMPLETED FOR EACH COMMITTEE MEMBER.**