

# Committee Member Application Form

***Please check the Committee of interest***

- Membership Committee                       Rules & Operations Committee  
 Operations Technology Conference  
 Information Interchange Conference

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

Organization: \_\_\_\_\_ Job Title \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

**If your company is a Financial Institution Member of EastPay:**

What is your FI's asset size? \_\_\_\_\_

**If your company is a Corporate Member of EastPay:**

What is the nature of your corporation? \_\_\_\_\_

**Length of professional involvement with ACH:**

Are you an accredited AAP?                      Yes                      No                      (circle one)

If yes, what year did you obtain your AAP accreditation? \_\_\_\_\_ Has it expired? \_\_\_\_\_

Why do you want to be a member of this committee? What special skills or experience should we consider for your acceptance on this committee?

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If chosen for your indicated Committee would you interested in serving as Chairperson? Yes No (circle one)

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*All interested applicants will be reviewed for consideration. EastPay will notify you in writing if you have been selected for one of the Committees.*

Thank you for your interest in volunteering with EastPay



Please fax to 804-648-5254 or email to [info@eastpay.org](mailto:info@eastpay.org)