

CALIFORNIA AUTOMATIC VENDORS COUNCIL

A State Council of National Automatic Merchandising Association

CALIFORNIA AUTOMATIC VENDORS COUNCIL BOARD APPLICATION

Name:	_____	
Company Name:	_____	
Address:	_____	
City:	State:	Zip:
_____	_____	_____
Phone:	eMail:	
_____	_____	

E-mail

Please complete 1 thru 5:

- **Personal information:** education/certification/family/community involvement/interest/career experience

Education:

Certification:

Family:

· **Industry References:**

· **Industry Organization**

involvement/leadership/committee: _____

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· **Why do you want to serve on the CAVC Board?**

Please email this completed application to:

cavc.aamc@gmail.com

Questions, please call Kristin Stuckey 602.410.4000