



Advisory Council Application Form

Qualified individuals are invited to apply to serve as a member of the Advisory Council by completing this Application Form and submitting it to NAHAD by fax . 410-263-1659 or by email to dmitchell@nahad.org.

Name: _____ Title: _____

Company Name: _____ Email: _____

Work Phone: _____ Cell phone: _____

Mailing Address: _____

City: _____ State: _____ Zip/Zone: _____

Describe Current Position & Responsibilities: _____

Please describe your work or experience with hose assemblies or hose applications:

With which industries and products do you work most frequently?

What would you hope to accomplish as a member or the Hose Safety Institute?

Do you have the authority to commit the time required for this role? Yes No

Supervisor's Name: _____ Title: _____

Supervisor's Email: _____

Referred By: _____

I have read and understand the requirements for, and responsibilities of, membership on the Hose Safety Institute Advisory Council and agree to comply with them if selected to serve.

Name

Signature

Date