



Organic Certification

Education & Outreach

Political Advocacy

Promotion

Application for Appointment to the CCOF Certification Services, LLC Management Committee

Name	
Company	
Title	
Address	
Phone	
E-mail	
Website	
	evant experience and/or employment (Attach a resume, if needed.) relating to organic ganic production/processing, or business/organizational management.
2) Why are you needed.)	interested in serving on the LLC Management Committee? (Attach a separate sheet, if
3) What specific needed.)	c area(s) of expertise/contribution do you feel you can make? (Attach a separate sheet, if

4) Please describe your experience with organic certification processes.			
5) Are you certified by CC	OF or are responsibly connecte	ed to a CCOF certified operation? □Yes □No	
6) Have you served as a CocCOF volunteer? □Yes □		mittee member, CCOF board member or	
7) If yes, please list offices	held and dates or describe act	tivities (Attach a separate sheet, if needed)	
8) Please list (name of org service (Attach a separate		current <u>volunteer</u> commitments including board	
9) If you would like, you n	nay attach letter(s) of recomme	endation supporting your application.	
	dedicate the time and effort no , Management Committee.	ecessary to serve as a member of the CCOF	
Name	Signature	Date	