



Water & Sewer Distributors of America

## COMMITTEE MEMBER AGREEMENT FORM

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

Committee Member Name: \_\_\_\_\_

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

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

Distributor

Manufacturer

Please list other WASDA  
Committees you are a  
member: \_\_\_\_\_

### Qualifications of a Committee Member

- Employee of a member in good standing
- Ability to travel to at least one committee meeting per year
- Ability to participate in periodic teleconferences

I hereby certify that I am eligible to participate as a Committee Member, per the qualification guidelines provided.

\_\_\_\_\_  
Print Name