

Appendix G

Volunteer Acceptance Form (VAF)

1. My name, title, affiliation, address, phone and fax numbers, and e-mail address are as follows.

Name:

Title:

Affiliation:

Address:

Phone Number: _____

Fax Number:

Email Address:

2. I have reviewed and understand the AOAC Policies and Procedures on Volunteer Conflict of Interest; the Antitrust Policy Statement and Guidelines; and the Policy on the Use of the Association Name, Initials, Identifying Insignia, Letterhead, and Business Cards and I agree to abide by all AOAC policies.

Signature

Date

**Please complete and email to _____ if you have an electronic signature that can be inserted.
If not, please sign and fax to 301-924-7089 to the attention of _____ .**