



Confirmation of Active Committee Membership

Date: _____

This letter affirms that _____ actively participated on the below committee. *NOTE: Use one confirmation letter per person and committee.*

Board year served: _____

Committee/Subcommittee: _____

Position: ☐ Member ☐ Chair/Vice Chair/Co-Chair

Tasks:

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The NCMS Board of Directors greatly values your professional dedication and contributions to the NCMS National committees.

Very respectfully,

Name

Position