

# Washington State Women, Infants, and Children (WIC) Nutrition Program Retailer Advisory Committee Application

1. Applicant represents:		
<input type="checkbox"/> Washington State Food Industry	<input type="checkbox"/> Large Chain Store(s)	<input type="checkbox"/> Small Chain Store(s)
<input type="checkbox"/> Independently Owned Store(s)	<input type="checkbox"/> Minority-Owned Store	<input type="checkbox"/> Checker Training Program Instructor
<input type="checkbox"/> Military Commissary	<input type="checkbox"/> WIC Client	<input type="checkbox"/> Local WIC Agency Staff Person
<input type="checkbox"/> Loss Prevention	<input type="checkbox"/> Risk Management	<input type="checkbox"/> Human Resources

### Application Instructions

- Complete the entire application (copies are acceptable).
- Applicants are strongly encouraged (not required) to attach a current biography.
- Return the application to: Washington State Department of Health, WIC Nutrition Program Attn: Retailer Management Team, P.O. Box 47886 Olympia, WA 98504.

2. Name:	3. Title:
4. Address:	5. City:
6. Zip Code:	7. County:
8. Business Phone:	9. Alternate Phone:
10. Business Fax:	11. Business Email:

### Meeting Preference

12.  Daytime Meetings ( Between 9am-5pm)       Evening Meetings ( Between 5pm-8pm)

### Meeting Locations

13.  Western Washington     Eastern Washington     Via the Internet     Tele-Conference

14. Have you ever been convicted or found to have committed a crime or offense? (Do not include traffic offenses for which the fine was less than \$200).  Yes     No  
If "Yes" please describe:

15. We want to ensure that each member has access and would be able to participate in committee activities to the best of their ability. Do you have a permanent physical, sensory, or mental condition that substantially limits your major life functions?  Yes     No If "Yes" please explain so that reasonable accommodations can be arranged:

Signature

Date

Printed Name

Title

This institution is an equal opportunity provider.

**Washington State WIC Nutrition Program does not discriminate.**

For persons with disabilities, this document is available on request in other formats.

To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388).

DOH 963-122 January 2012

