

# Committees & Working Groups



## ASTA Committee Assignments

Each member company is permitted to have one voting person per committee. There is no limit to the number of non-voting representatives designated by a company. For questions, contact Ann Jorss, Vice President, Finance & Administration, at 703.837.8140. Committee Code Examples: (LEGIS) (BIOTECH)

Please feel free to make copies of this page.

### VOTING COMMITTEE MEMBERS

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Committee Code(s):  
( \_\_\_\_\_ )( \_\_\_\_\_ )( \_\_\_\_\_ )( \_\_\_\_\_ )

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Committee Code(s):  
( \_\_\_\_\_ )( \_\_\_\_\_ )( \_\_\_\_\_ )( \_\_\_\_\_ )

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Committee Code(s):  
( \_\_\_\_\_ )( \_\_\_\_\_ )( \_\_\_\_\_ )( \_\_\_\_\_ )

### NON-VOTING COMMITTEE MEMBERS

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Committee Code(s):  
( \_\_\_\_\_ )( \_\_\_\_\_ )( \_\_\_\_\_ )( \_\_\_\_\_ )

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Committee Code(s):  
( \_\_\_\_\_ )( \_\_\_\_\_ )( \_\_\_\_\_ )( \_\_\_\_\_ )

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Committee Code(s):  
( \_\_\_\_\_ )( \_\_\_\_\_ )( \_\_\_\_\_ )( \_\_\_\_\_ )

Please return completed form to Ann Jorss at:

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