

Commitment to Serve

LOCAL COMMITTEE MEMBER/CHAIRPERSON



Name: _____

Committee: _____ **Role:** ☐ Member / ☐ Chair

Council: _____

I agree to serve as part of the Committee and in the capacity indicated above. As part of this commitment, I fully understand and agree to the following:

- I understand that this is a volunteer position for which I will not receive compensation. I am aware that I may be reimbursed for expenses incurred in the performance of union business and Flight Pay Loss (FPL) for trips unable to be flown or credited due to my performance of union responsibilities. Any expenses and FPL must be pre-approved by a Local Executive Council Officer.
- I agree to faithfully execute my responsibilities as a Committee Member in accordance with our collective bargaining agreement, the AFA Constitution & Bylaws, and any other policies or procedures set forth by the Local Executive Council, Master Executive Council, or AFA Board of Directors.
- I understand that in the performance of my responsibilities as a Committee Member, I may become privy to information that is confidential or otherwise not available to other members, the company, or the public. I agree to maintain the confidentiality of this information. Should I have a question as to whether information is confidential, I will ask my Committee Chairperson or a Local Executive Council Officer.
- I agree to maintain my good standing with the company to facilitate a functional working relationship and most effectively execute my responsibilities as a Committee Member.
- I understand that to serve as a Committee Member, I must remain a member in good standing with AFA. This includes remaining current in all dues payments.
- I agree to take direction from my Committee Chairperson and Local Executive Council Officers and to positively represent my elected officers, Local Council, and AFA in the performance of my responsibilities as a Committee Member.
- I agree to serve as a Committee Member for the period concurrent with the election cycle of the LEC Officers, understanding that either myself or the Local Executive Council may discontinue my appointment at any time.

Date Signed: _____

Committee Member Signature: _____

Local Committee Chairperson Signature: _____

Local Executive Council Officer Signature: _____