



MA/RI MGMA VOLUNTEER FORM

MEMBER NAME: _____

MEMBER EMAIL: _____

MEMBER CONTACT NUMBER: _____

I WOULD LIKE TO VOLUNTEER ON THE FOLLOWING COMMITTEE(S):
(YOU MAY CHOOSE MORE THAN ONE)

- BUSINESS RESOURCE
- GOVERNMENT AFFAIRS
- MARKETING
- MEMBERSHIP SERVICE
- ORGANIZATIONAL COLLABORATION
- PROFESSIONAL DEVELOPMENT
- PROGRAM

PLEASE SEND COMPLETED FORMS TO MA/RI MGMA AT
INFO@MMGMA.COM OR FAX TO 888-403-7803.