



Alliance for Massage Therapy Education

Committee Volunteer Application Form

You may type directly into this form. When you're finished with it, rename the file with your name at the beginning.

Name:

School or Business Name:

Title or position:

Address:

City/State/Zip:

Preferred Phone Number:

This phone is my: ___HOME ___CELL ___WORK

Email Address:

Alliance Member category

Date Submitted

I am interested in supporting the Alliance's mission and goals by getting involved with the following volunteer committee:

Standing Committees and Workgroups:

___ Membership Committee

___ Newsletters/Member Communications

___ Conference Planning

___ Teacher Education Standards Project

___ Education Committee

___ Finance Committee

___ Government Relations

___ MTBOK Workgroup

___ Marketing

___ Leadership

Please describe your professional strengths, specific areas of skills or expertise, and how they would be applicable to the choice you've selected above?

Tell us about other industry volunteer positions you've held or currently hold (be sure to include any civic groups).

Will your school or business support your Alliance volunteer time and commitment?

Indicate the average number of hours per month you could devote to the Alliance:

Share any other information that you feel may help us better understand your interests and commitment.

NOTE: Committee appointments and designation of committee chairs are made by the Alliance President, upon the approval of the Board of Directors. Submission of this form does not guarantee appointment to a committee at this time. Your interest in the Alliance is greatly appreciated.

Email this form to: Pete Whitridge, Alliance President, <pwhitridge@afmte.org>