



VOLUNTEER APPLICATION

Are you interested in volunteering for LAM? If so, please indicate your interests, and we will contact you to discuss the various opportunities available:

| | |
|---|--|
| <input type="checkbox"/> Professional Advisory Working Group | <input type="checkbox"/> General Administrative Work |
| <input type="checkbox"/> Fundraising and Public Relations Working Group | <input type="checkbox"/> Event planning |
| <input type="checkbox"/> Communications Working Group | <input type="checkbox"/> Project Work |
| <input type="checkbox"/> Symposium Planning | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Other: | |

NAME _____

PHONE _____

E-MAIL _____