

***IAMSE***



## Volunteer Data Form

Thank you for your interest in volunteering your services to the International Association of Medical Science Educators (IAMSE).

**Name:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**Do you attend the annual meeting?**

Yes (please specify frequency):  Annually  Every two years  Every three to five years  No

Previous experience is not required, but if you have served on an IAMSE committee or have had other volunteer experience either with IAMSE or another organization, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Interest and Skills:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Opportunities:**

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Listed below are IAMSE committees comprised of appointed members. Please indicate the committee(s) in which you are interested.

- |  |   |
|--|---|
| <input type="checkbox"/> Annual Planning Committee       | <input type="checkbox"/> Bylaws Review Committee  |
| <input type="checkbox"/> Development Committee           | <input type="checkbox"/> Ed-Board                 |
| <input type="checkbox"/> Membership Committee            | <input type="checkbox"/> Nominating Committee     |
| <input type="checkbox"/> Planning Committee              | <input type="checkbox"/> Public Affairs Committee |
| <input type="checkbox"/> Publications Committee          | <input type="checkbox"/> Technology Committee     |
| <input type="checkbox"/> Webcast Audio Seminar Committee |   |

Please send via Email to [support@iamse.org](mailto:support@iamse.org)

or

Fax to: +1-304-523-9701