



## NEW JERSEY MGMA VOLUNTEER FORM

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

Job Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I WOULD LIKE TO VOLUNTEER WITH NJMGMA ON THE FOLLOWING  
COMMITTEE(S):**

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> ACMPE       | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Affiliate   | <input type="checkbox"/> PMC        |
| <input type="checkbox"/> Legislative | <input type="checkbox"/> Program    |
| <input type="checkbox"/> Marketing   | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Membership  |                                     |

**PLEASE SEND COMPLETED FORMS TO NJMGMA BY:**

Email: [staff@njmgma.com](mailto:staff@njmgma.com)

or

Fax: 609.450.4011