

Colorado Mammography Society Volunteer Sign Up Sheet

I would like to volunteer for the following committees and/or positions with the
Colorado Mammography Society

Name: _____

Address, City, St, Zip: _____

Phone Home: _____ Cell: _____ Work: _____

E-mail: _____

Employer (optional): _____

Preferred method(s) of contact: _____

Officers: President _____ Vice President _____ Secretary _____ Treasurer _____

Board/Committees:

Membership Coordinator _____ Education Coordinator _____ Parliamentarian _____

Western/Southern/Eastern Representative _____

Conferences:

Host a conference: _____ Location: _____

Contact for conference site: _____

Conference committee:

Be a speaker: _____ Topic _____

Arrange a speaker: _____ Speaker name: _____ Topic _____

Gift bags: _____ Vendors: _____ Meals: _____

Other meetings and networking:

Arrange Meet and Greet/networking gatherings _____ Location: _____

Any other way you can help? _____

Return this form to: CMS Secretary Tammy Dirienzo, 4189 S. Washington St., Englewood, CO 80113