

Name



NATIONAL HEMOPHILIA FOUNDATION
Central Ohio Chapter

Committee Member Application

Please complete and return by fax, e-mail, or regular mail

834 W. Third Ave. Suite A Columbus, OH 43212
(614) 429-2120 - phone (614)429-2122 - fax ralexander@hemophilia.org

Name

Daytime Phone

Address

Evening or Alternate Phone

City, State, Zip

E-mail Address

I am interested in serving on the following committee(s): (check all that interest you)

- | | |
|--|---|
| <input type="checkbox"/> Advocacy Committee | <input type="checkbox"/> Youth Advisory Council |
| <input type="checkbox"/> Programs & Services Committee | <input type="checkbox"/> Gala Planning Committee |
| <input type="checkbox"/> HTC & Research Advisory Committee | <input type="checkbox"/> Golf Outing Planning Committee |
| <input type="checkbox"/> Newsletter Committee | <input type="checkbox"/> Hemophilia Walk Planning Committee |
| <input type="checkbox"/> Development Committee | |

If interested in one of the event planning committees, please check any activities you're interested in:

- | | |
|--|---|
| <input type="checkbox"/> Serving as event chairperson | <input type="checkbox"/> Managing event logistics |
| <input type="checkbox"/> Asking businesses for cash or product donations | <input type="checkbox"/> Managing volunteers |
| <input type="checkbox"/> Marketing/Advertising special events | <input type="checkbox"/> Providing technical support (web, video, etc.) |

Is there an activity you're interested in doing other than the ones listed above? If so, please explain.

Which day(s) are most convenient for you to participate in a committee?

- Sun Mon Tues Wed Thurs Fri Sat

May we: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Send you our newsletter? | <input type="checkbox"/> List your name in our annual report? |
| <input type="checkbox"/> Send you event invitations? | <input type="checkbox"/> Call you to learn more about you? |