



## VOLUNTEER INTEREST FORM

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

Member Company: \_\_\_\_\_

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

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

My interests are in the following areas

- > \_\_\_ Scholarship
- > \_\_\_ Marketing
- > \_\_\_ Governance (Constitution & Bylaws)
- > \_\_\_ Government Relations
- > \_\_\_ Workforce Development & Industry Relations
- > \_\_\_ Membership
- > \_\_\_ Conference
- > \_\_\_ Awards

Please return form to [marybeth@ndtma.org](mailto:marybeth@ndtma.org)