



**MSOE Alumni Association
Committee Volunteer Form**

Name: (as you like to be addressed) _____

Address: _____

Phone #: (daytime) _____ **Phone: (evening)** _____

E-Mail: (daytime) _____ **E-mail: (evening)** _____

MSOE graduate? Y or N Program(s): _____ **Year(s):** _____

Committee Interest:

- Chapter Strength
- Nominations & Bylaws
- Alumni Needs
- Events
- Financial Support
- Professional Support

Please note that the level of commitment varies, depending on the needs of the committee. Be confident that the committee director will be pleased with any level of commitment you are willing to provide. THANK YOU!

Current Employer: _____ **Number of years:** _____

Title/Position Held: _____

Type of industry or service provided : _____

Family details _____

Leisure activities / hobbies: (optional) _____

Signature: _____ **Date:** _____

Fax to : Cathy Varebrook 414-277-7480 **or e-mail to:** varebroo@msoe.edu
