

CSCMP Volunteer Form

Name:

Company:

Email Address:

City:

State:

Phone: Work:
Cell:

Best time to be contacted:

Select which committees in which you are most interested:

Programs **Tours** **Marketing** **Membership**

Sponsorship **Hospitality** **Education**

Please return this form to Nicole Bennett

nbennett@walkerco.com

Office: 404-892-1600

Fax: 770-541-6150