

# IAMSE Volunteer Data Form

Thank you for your interest in volunteering your services to the International Association of Medical Science Educators (IAMSE).

**Name:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**Do you attend the annual meeting?**

Yes (please specify frequency):  Annually  Every two years  Every three to five years  
 No

**Previous experience is not required, but if you have served on an IAMSE committee or have had other volunteer experience either with IAMSE or another organization, please describe:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special interests and skills:**

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Opportunities:**

*Listed below are IAMSE committees comprised of appointed members. Please indicate the committee(s) in which you are interested.*

Annual Planning Committee  
 Bylaws Review Committee  
 Development Committee  
 Ed-Board  
 Finance Committee  
 Membership Committee

Nominating Committee  
 Planning Committee  
 Public Affairs Committee  
 Publications Committee  
 Technology Task Force  
 Webcast Audio Seminar Committee