

AMTA-NH Chapter Registration

We know you're a great massage therapist, but do you have other talents that could help our Chapter? Are you interested in getting more involved with all that we do? If so, we'd love to hear from you. Please take a few minutes to fill out this form and submit it to us.

Name: _____ AMTA Member ID: _____

Address: _____

City/Town: _____ State & Zip Code: _____

Email Address: _____ Primary Phone#: _____

Please check all the areas you are interested in for potential volunteer opportunities:

- | | |
|--|--|
| <input type="checkbox"/> Website Assistance | <input type="checkbox"/> Communication & Social Media |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Education Programs Assistance |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Government Relations |
| <input type="checkbox"/> Chapter Finances & Accounting | <input type="checkbox"/> Newsletter Assistance |
| <input type="checkbox"/> Awards & Benevolence | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Research | <input type="checkbox"/> Volunteer Services |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Networking Event Planning |

General Volunteer Interests

I would like to offer my assistance in the following general volunteer areas (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Meet/Greet/Hospitality | <input type="checkbox"/> Meeting organizing/set-up/break-down/sign-in |
| <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> Event organizing/set-up/break-down/sign-in |
| <input type="checkbox"/> Massage school visits | <input type="checkbox"/> Writing articles |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Social Media updating |
| <input type="checkbox"/> Other (please provide details): | |
-

Professional/Technical Skills

Please list all professional/technical skills that you feel could be of assistance to the Chapter (e.g. typing, photography, computers, web design, writing, proofreading, etc):

Availability

I am available to volunteer (check all that apply):

Weekdays (specify days):

Weekends:

I am willing to travel for volunteer activities: YES NO

Please indicate your preferred method of communication: Email Phone

Thank you!

Thank you for your interest in volunteering! Once we receive your completed form, someone from the Chapter will contact you. If you have questions about volunteering or need further information, you can e-mail them to president@amta-nh.org