# Membership Committee Volunteer Application

Name: Enter you First and Last Name Here

Chapter: Click here to enter text.

Phone No.: Enter the Best Phone No. to reach you.

Email: Enter your email address here.

## Experience:

Select all that apply.

Served on past or other Association Membership Services Committees

Actively involved in the Cx profession

Other skills you bring to the committee you would like to share?

Click here to enter your answer.

Thank you for your application! Please submit to Liz Fischer, at [LFischer@bcxa.org](mailto:LFischer@bcxa.org).

For Questions or to discuss the role further, please call 971-245-6078