# 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.

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