



NMA...THE Leadership Development Organization

Director/Associate Data Form

Please complete and return to Robin Furlong at, robin@nma1.org

Personal / Professional Data

Name		Are You a CM?	
		YES	NO
Chapter Name	Chaper Number		
Company Name	Company Phone		
Company Job Title			
Company Address	City	State	ZIP
Email Address	Date of Birth (Year Optional)	Spouse	
Home Address	City	State	Zip
Home Phone	Home Email		

Indicate committee preference by placing a 1 or 2 in each of the group blocks

Group 1	
	Association Services and Development
	Community and Communications
Group 2	
	Professional Development
	Recognition
Photo	
	Current Photo in NMA Directory is fine
	New Photo attached

Any other information you would like to share about yourself?

