



**VOLUNTEER INVOLVEMENT FORM  
« SIGNATURE EVENTS » COMMITTEE**

**NAME**

\_\_\_\_\_

**EMPLOYER**

\_\_\_\_\_

**ADDRESS**

\_\_\_\_\_

**TELEPHONE**

\_\_\_\_\_

**EMAIL**

\_\_\_\_\_

**FIELD OF  
EXPERTISE**

\_\_\_\_\_

**I AM CURRENTLY A MEMBER OF CFA MONTRÉAL ☐ YES ☐ NO**

**HAVE YOU PREVIOUSLY BEEN INVOLVED IN AN EVENTS/PROGRAMMING COMMITTEE ?  
☐ YES ☐ NO**

**IF YES – FOR WHICH ORGANISATION ?**

**WHY DO YOU WISH TO GET INVOLVED IN THIS COMMITTEE ?**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**