



## **VOLUNTEER FORM**

We want you to get the most out of your membership in HLA Massachusetts/Rhode Island. Volunteering for one of the HLA Massachusetts/Rhode Island committees is a great way to meet colleagues, obtain leadership skills, and give back to your profession. Upon completion, return this application to the address below via email or mail.

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

***Healthcare Leaders Association of Massachusetts/Rhode Island***  
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