



MEMBER SERVICE OPPORTUNITIES

Name _____ / _____ / _____
LAST FIRST MI TODAY'S DATE

1. Please indicate on which committees you would be willing to serve. If you are willing to chair a committee, please indicate your willingness with an asterisk (*).

- | | |
|---|--|
| <input type="checkbox"/> Junior Tennis | <input type="checkbox"/> Evening of Elegance (Gala) |
| <input type="checkbox"/> Resource Development/Fundraising | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Charity Outreach | <input type="checkbox"/> Health and Fitness |
| <input type="checkbox"/> Community Tennis Outreach | <input type="checkbox"/> Octogenarian Luncheon |
| <input type="checkbox"/> Annual Tennis Retreat | <input type="checkbox"/> Active Images (Photography) |
| <input type="checkbox"/> Tournament/Team Tennis | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Arthur Ashe Kids Day | <input type="checkbox"/> History/Documentation |
| <input type="checkbox"/> Media/Publications/Website | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hospitality/Bereavement | _____ |

2. What special skills, experience, interests or expertise do you have that can help AASSTC? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Outreach/Advocacy |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Personnel/Human Resources |
| <input type="checkbox"/> Computing/Web Management | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Education/Instruction | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Public Relations/Communications |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Media/Publications | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nonprofit Experience | _____ |

3. Please list any groups, organizations and/or businesses you can serve as a liaison on behalf of AASSTC.

4. Please provide any additional comments you would like to make.

