

Central Iowa Investors Chapter

NAIC Chapter Volunteer

Name: _____ Date: _____

Spouse: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____ Business: (____) _____

E-Mail: _____ Fax: _____

Individual Member: _____ Investment Club: _____

NAIC Number: _____ Number of Years: _____

Employment: (Complete only if you feel information pertinent)

Experience & Interest:

Please Mark with an X for experience. Indicate areas of interest where you would like to contribute with numbers 1, 2, 3, 4, etc.

Administration _____ Teaching _____ Publicity _____ Accounting _____ Hospitality _____

Public Speaking _____ Secretarial _____ Computer _____ Planning _____ Audio Visual _____

Organization _____ Law _____ Advertising _____ Public Relations _____ Ind. Investor _____

Corp-Rel. _____

Other: _____

Leadership in other organizations: _____

Other information you feel is helpful: _____
