



SOCIETY FOR INTERNATIONAL AFFAIRS

SIA VOLUNTEER FORM

CONTACT INFORMATION

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

VOLUNTEER FORM

Are you an active member of SIA? Yes No Is your company registered with DDTC? Yes No

What is your SIA affiliation? Industry Member Government

Have you volunteered with SIA before? Yes No

If yes, in what capacity?

- Conference Year: _____
- Golf Outing Year: _____
- Task Force Year: _____
- Workshop Year: _____
- Other (eg. Luncheon) Year: _____

Which area would you like to support?

- Conference
- Task Force
- Workshop

If you can help with a conference, for which area(s) would you like to be considered?

- Conference Director
- Audio/Visual Chair
- Hotel Chair
- Publications Chair
- Speaker Liaison Chair
- Other (Please explain): _____

Have you attended a SIA Conference? Yes No If so which one? _____

Are you only able to support an SIA event if it is held in your workplace city? Yes No

SAVE & SUBMIT COMPLETED FORM TO sia@siaed.org