



**hfma**™ heart of america chapter  
healthcare financial management association

**HFMA HEART OF AMERICA CHAPTER  
2016-2017 COMMITTEE SIGN-UP  
AND COMMITMENT**

I am interested in the following volunteer opportunities (please list your choices in preferred order by numbering)

**COMMITTEES**

- Education/Program
- Membership
- Newsletter
- Website
- Sponsorship
- Social Media
- Networking
- Other \_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**RETURN VIA EMAIL TO:**  
Michelle Narayan  
[michelle.narayan@olathehealth.org](mailto:michelle.narayan@olathehealth.org)