



Volunteer Opportunities Form

YOU ARE THE NYPTA!

Please print or type.

Individual's full name: _____ **Date:** _____

Member Type: PT PTA Student PT Student PTA

PT/PTA Program (students only): _____

Mailing address: _____

Telephone numbers: (h) (____) _____ (w) (____) _____

District: _____ **Email:** _____

Which of the following opportunities would you consider? (Check all that apply.)

1. NYPTA District Positions

- | | |
|--|--|
| <input type="checkbox"/> Chapter Director | <input type="checkbox"/> Payment Liaison |
| <input type="checkbox"/> District Chair | <input type="checkbox"/> Legislative Liaison |
| <input type="checkbox"/> Vice Chair | <input type="checkbox"/> Public Relations Liaison |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Research Liaison |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Membership Liaison |
| <input type="checkbox"/> Student Liaison to District Board | <input type="checkbox"/> PTA Liaison |
| | <input type="checkbox"/> Delegate to Delegate Assembly |

2 NYPTA Committees/Advisory Panels

- | | |
|---|---|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Political Action Committee |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> PTA |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Practice |
| <input type="checkbox"/> Judicial | <input type="checkbox"/> Program |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Legislative | <input type="checkbox"/> Payment |
| <input type="checkbox"/> Minority Affairs | <input type="checkbox"/> Research |

Please indicate how your experience or interest would contribute to the the position(s) or committee(s) selected above.

Please return this form to:

**New York Physical Therapy Association
5 Palisades Dr., Suite 330
Albany, NY 12205**