

# 2008-2009 PAMIC Committee Volunteer Form

*Please fax this form to PAMIC at 717-303-1501 by September 5.*

**VOLUNTEER Name:** \_\_\_\_\_

**MEMBER Company:** \_\_\_\_\_

**For Volunteers New to PAMIC:**

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Email:** \_\_\_\_\_

PAMIC Committees include those listed below. Please indicate your area or areas of interest. If you indicate more than one area, PAMIC will assign you to one of your choices.

\_\_\_\_\_ **Claims**

\_\_\_\_\_ **Convention**

\_\_\_\_\_ **Education**

\_\_\_\_\_ **Financial Management**

\_\_\_\_\_ **Government Affairs**

\_\_\_\_\_ **Human Resources**

\_\_\_\_\_ **Information Systems**

\_\_\_\_\_ **Underwriting & Loss Prevention**

*Please photocopy this form for additional volunteers.  
Questions? Call PAMIC at 717-303-0197.*