## **AMO Task Forces**



## Volunteers wanted!

## YES, I WISH TO VOLUNTEER!

You must be either an elected official or staff of an AMO member municipality.				
Name:	Title:			
Municipality:				
Mailing Address:				
Business Phone #:	Business Fax#:			
E-Mail:				
I am: a municipally elected represe	entative	or	a munici	pal staff official
Have you previously served as an AMO representation	esentative?		☐ Yes	□No
If yes, please indicate the name of the comm	ittee/task fo	orce and	d when you s	erved:
I am most interested in the following municip	oal issues:			
1)				
2)				
3)				
4. I serve or have served on the following cor	mmittees in	my mu	nicipality:	
I am interested in serving on the LAS Board	or an LAS o	committe	ee aroup:	
☐Yes			3 1	