

## MEMBER INFO

Name: \_\_\_\_\_

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

City, ST, Zip: \_\_\_\_\_

Home ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

- Please share my contact information with other members*

What volunteer opportunities interest you? (Check all that apply)

- Organizing events  
 Administrative work  
 Advertising  
 Sales/marketing/promotions  
 Teaching/training  
 Technical stuff  
 Other: \_\_\_\_\_

*Submit completed form to:*

Cabaret Follies of Lower Columbia  
PO Box 1212  
Longview, WA 98632  
cabaretfollieslc@gmail.com

## SKILLS AND TALENTS

- Accounting  
 Carpentry  
 Cooking  
 Dancing  
 Database Management  
 Decorating  
 Desktop publishing  
 Disc jockey  
 Drama  
 Editing, proofreading  
 Event planning  
 Filing  
 Fundraising  
 Grant research  
 Grant writing  
 Leadership  
 Legal Expertise,  
type \_\_\_\_\_  
 Makeup  
 Managerial skills

- Marketing  
 Multimedia Presentations  
 Music, type \_\_\_\_\_  
 Photography  
 Project management  
 Public relations  
 Public speaking  
 Sewing  
 Shopping  
 Sports, type  
\_\_\_\_\_  
 Typing/data entry  
 Videography  
 Volunteer coordination  
 Website design/maintenance  
 Writing  
 Other:  
\_\_\_\_\_  
\_\_\_\_\_