

GUILD MEMBER INFORMATION SHEET

Name:	
Mailing Address:	
Home Phone:	Cell:
E-Mail:	
Birthday:	
and ushering at some venues; he	les: Greeters at concerts; manning the NMPhil Information Table; ticket scanning lping with special events; helping organize materials in the Guild Member Room; e any health issues or physical limitations regarding volunteering (e.g., stairs, not ods)?
Are there any weekend days or ti	imes when you are unavailable to volunteer?
Do you have special experience/t	calents/training in areas that you would be willing to offer to help NMPhil?
Comments:	
Please complete this form, sign th	he other two forms, and mail them to:
New Mexico Philharmonic NMPhil Guild PO Box 21428 Albuquerque NM 87154	
	THANK YOU!