



## Member Information Form

*Privacy Note: We collect the following information to customize our communication and product/service offerings for you. Protecting your personal information is important to us. Therefore we limit and track the number of people on the ICF OV board who will have access to your data as follows: our virtual assistant stores and password protects the data, giving access on a need basis to the VP Membership and President or any others. We do not collect information about your activity on our ICF OV website. Please note that the data you share with ICF Global upon registration and through their website is managed separately and directly by them and subject to their privacy policy.*

By providing the information below, I give consent to ICF Ohio Valley to use this data to communicate with me about product and services available through my chapter membership.

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

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

City, State, Zip: \_\_\_\_\_

Preferred phone number for communication: \_\_\_\_\_

Do we have your permission to leave a voice mail message on this number?  Yes  No

Preferred email address for communication: \_\_\_\_\_

Areas of interest (not commitment! :) for potential future engagement (X):

In person Meetings

Virtual Meetings

Virtual Education Webinars

Virtual Coach2Coach Peer Conversations

Volunteer leadership Opportunities: Any in particular? \_\_\_\_\_

Pro Bono Community Impact Opportunities

Business Building/Client Engagement Opportunities

Projects or committees to grow the capability of our chapter: What kind? \_\_\_\_\_