

E-MAIL LIST SERVE COORDINATOR

I am willing to serve as the E-mail List Serve Coordinator for the Class of _____.

Name: _____

Address: _____

Telephone: _____
(Home) (Work)

E-Mail address: _____

Please send this form to the Physical Therapy Dept at the University of Michigan-Flint, 303 E. Kearsley St., 2157 WSWB, Flint, MI, 48502 or e-mail Reva Kidd at rpeariso@umflint.edu with the above information if you are willing to serve in this capacity.