

**Partnership for Intergovernmental Management and
Accountability
Call for Volunteers
Cooperative Audit Resolution
Reply Form**

.....
I would like to volunteer for the Cooperative Audit Resolution Work Group:

Name:

Title:

Organization:

E-mail:

Phone:

Street Address:

.....
 Yes **No** **I will be able to spend an average of two hours a week on the project.**

Please explain your experience relative to the project:

**Please return form to:
Helena Sims at hsims@agacqfm.org
by August 26, 2009**