

Application for Membership

| Name: | | |
|---|--|---------------|
| Residence address: | | |
| Home Phone Number: | Cell: | |
| Email Address: | Date of Birth: | |
| Emergency Contact: | Relationship | Phone Number |
| Children (names & ages): | | |
| Present Employer: | Job Title: | |
| Have you previously served on a Board/Co | mmittee: YES NO | |
| If so, where: | When: | |
| Describe experiences, skills or knowledge | which qualify you to serve on this boa | rd/committee: |
| | | |
| Which committee(s) are you interested in | Serving: | |
| | NO Year: Degree | |
| Who is your Board Sponsor: | | |
| Signature: | Date: | |