



Board Membership Candidate Form

Mr. / Ms. / Mrs. / Dr. / The Rev.

Name: _____
First MI Last

Spouse/Partner: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Fax: _____

Email: _____ Cell Phone: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Email: _____ Cell Phone: _____

Send mailings to: Home Work

Anticipated Board Term Start Date: _____

Birthday Month/Day: _____

BIOGRAPHY

Please give us a few current items for a brief bio and provide a photograph.
You may also attach a resume or curriculum vitae.

Memberships/Organizations:

Other Volunteer Activities:

Family:

Other Interests:
