



## Advisory Board Application

New Member \_\_\_ Reappointment \_\_\_ Resignation \_\_\_ Information Change \_\_\_ Term Ending \_\_\_

Date \_\_\_\_\_ Area Office \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Religion/Church \_\_\_\_\_

**Agency Required Information:**

Race: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Handicap: Yes \_\_\_ No \_\_\_

**Background:**

What other boards have you served and/or charitable community activities in which you been involved

What is your interest in our organization?

Additional comments?

Current term start date: \_\_\_\_\_ Current term end date: \_\_\_\_\_

Number of terms served: \_\_\_\_\_

Current Office Held: President \_\_\_ Vice President \_\_\_ Secretary \_\_\_ Treasurer \_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_