



BOARD MEMBER REGISTRATION

09/21

NAME _____ DATE _____

DOB _____ LAST FOUR DIGITS OF SSN _____

HOME ADDRESS _____

PHONE _____ CELL PHONE _____

E-MAIL _____

OCCUPATION _____

BUSINESS NAME _____

ADDRESS _____

PHONE _____ E-MAIL _____

WHERE SHOULD BOARD MAILINGS BE SENT? Home Address ____ Work ____

BEST E-MAIL CONTACT: Personal ____ Work ____

FAMILY: SPOUSE _____

CHILDREN: Names & Ages

COMMUNITY INTERESTS/HOBBIES: _____

AREAS OF EXPERTISE: _____

Thank you for your interest in joining our volunteer Board of Directors.

PLEASE RETURN TO: The Center for Growth and Independence, Attn: Executive Director
1440 E. Empire Ave. Benton Harbor, MI 49022