



Board Member Application Form

(Please type or print legibly)

Name _____ Date _____

Home Address _____

Business Name (if applicable) _____

Business Address _____

Your Work Title: _____

At which address do you prefer to receive Healthy Start mail? Home _____ Business _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax _____

Home E-mail _____ Work E-mail _____

Where do you prefer to receive e-mails? Home _____ Work _____

To what, if any, church, club or civic organizations are you a member of? _____

In which way will you be able to contribute to the Healthy Start Coalition Board of Directors?

What other ways might you wish to assist Healthy Start and Healthy Families better serve the community?

I attest that the above information is true to the best of my knowledge.

Signature: _____ Date: _____

Please fax form to the attention of Clarissa Tate at 386-252-427 or E-mail scanned copy to Clarissa.Tate@healthystartfv.org.