

EPILEPSY FOUNDATION OF NORTHEASTERN NEW YORK, INC.
APPLICATION FOR BOARD MEMBERSHIP

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

OCCUPATION / TITLE: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____

E-MAIL ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____

PROFESSIONAL AFFILIATIONS: _____

CIVIC AFFILIATIONS: _____

PAST/PRESENT BOARD MEMBERSHIPS: _____

PLEASE INDICATE IN YOUR OWN WORDS WHAT YOUR COMMITMENT TO
THIS ORGANIZATION WILL BE: _____

HOW WILL THIS ORGANIZATION BENEFIT FROM YOUR INVOLVEMENT? _____

WILL YOU GIVE FINANCIALLY TO THE ORGANIZATION? _____

WILL YOU HELP THE ORGANIZATION RAISE MONEY? _____

PLEASE INDICATE THE COMMITTEE(S) THAT YOU WOULD LIKE TO SERVE ON:

(MINIMUM OF ONE)

_____ BOARD DEVELOPMENT COMMITTEE

_____ FINANCE COMMITTEE

_____ ADVOCACY COMMITTEE

_____ PERSONNEL COMMITTEE

_____ AUDIT COMMITTEE

PLEASE INDICATE THE SPECIAL EVENTS COMMITTEE(S) THAT YOU WOULD LIKE TO SERVE ON:

(MINIMUM OF ONE)

_____ CONFECTIONS IN CHOCOLATE GALA

_____ HUDSON VALLEY STROLL FOR EPILEPSY

_____ SARATOGA STROLL FOR EPILEPSY

_____ JAKE STRAUGHTER MEMORIAL GOLF TOURNAMENT

Application Date: _____

Revised 4/1/16