



**Board of Directors
Membership Application**

NAME: _____

ADDRESS: _____

PHONE: Hm _____ Wk _____ Cell _____ Email _____

PLACE OF EMPLOYMENT: _____

POSITION: _____

PREVIOUS ALP INVOLVEMENT: _____

NONPROFIT MANAGEMENT EXPERIENCE: _____

NONPROFIT FUNDRAISING EXPERIENCE: _____

OTHER BOARD EXPERIENCE: _____

Accounting	_____	Education	_____	Community Relations	_____
Technology	_____	Insurance	_____	Building Mgmt .	_____
Investments	_____	Marketing	_____	Human Resources	_____
Law	_____	Purchasing	_____	Grant Writing	_____
Fundraising	_____	Literacy	_____	Program Development	_____

OTHER RELEVANT EXPERIENCE: _____

Signature

Date