



Associate Board Application and Contact Information Form

Date:

INFORMATION

Name: _____ Birth Date: _____ / _____ / _____

Home Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Company Name: _____ Title: _____

Company Address: _____ City: _____ State/Zip: _____

Work Phone: _____ Fax: _____

Does your company have a matching gift program? Yes No Volunteer program? Yes No

INVOLVEMENT

I am interested in participating in the following committees:

Events Membership Service Communications

OPEN QUESTIONS

What, if any, is your personal connection to Easterseals?

What do you hope to gain from participating as a Member of the Associate Board?

Are you a member of any other boards? If so, which one(s)?

PLEASE RETURN TO: Matt Gaughan, Membership Chair
Subject: Associate Board Application
Easterseals DuPage & Fox Valley
830 S. Addison Ave
Villa Park, IL 60181
info@eastersealsdfr.org