



APPLICATION FOR BOARD MEMBERSHIP

Name: _____

Mobile/Cell Phone: _____

Home Address: _____

Phone & Fax: _____

Email Address: _____

Work Address: _____

Phone & Fax: _____

Email Address: _____

Which address, email address, and phone would you prefer us to use?

Other Board Memberships and affiliations (Please indicate organization name & term expiration date):

Other autism/disability organization memberships or affiliations (ASA, ARC, Charter Schools, etc.)

How did you learn about the Autism Society of Northwest Ohio?

Please explain your personal interest or experience with autism:

Why are you interested in joining the Autism Society Board?



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BACKGROUND (Resume may be attached):

EDUCATION:

WORK EXPERIENCE:

SKILLS:

<input type="checkbox"/> Law (please specify) _____	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Investment Management	<input type="checkbox"/> Accounting
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Videography
<input type="checkbox"/> Clerical	<input type="checkbox"/> Publishing
<input type="checkbox"/> Marketing	<input type="checkbox"/> Advertising
<input type="checkbox"/> Computer Skills (please specify) _____	

<input type="checkbox"/> Other (please specify) _____	

OTHER APPLICABLE EXPERIENCE:

REFERENCES:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Signature: _____ **Date:** _____