
Exhibit 5 - Board of Directors Status Information

Name of Organization _____

Board Member: _____

Board Term & Expiration Date: _____

Address: _____ **Telephone Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Name of Employer: _____

Employer Address: _____

Business Affiliates: _____

Professional Licenses: _____

Board Member: _____

Board Term & Expiration Date: _____

Address: _____ **Telephone Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Name of Employer: _____

Employer Address: _____

Business Affiliates: _____

Professional Licenses: _____

Board Member: _____

Board Term & Expiration Date: _____

Address: _____ **Telephone Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Name of Employer: _____

Employer Address: _____

Business Affiliates: _____

Professional Licenses: _____

Board Member: _____

Board Term & Expiration Date: _____

Address: _____ **Telephone Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Name of Employer: _____

Employer Address: _____

Business Affiliates: _____

Professional Licenses: _____

This sheet should be copied as needed to add additional Board Members.