

ATTACHMENT C
Board of Directors Status Information

Name of Organization _____

Board Member: _____ BOD Title (if applicable): _____

Board Term & Expiration Date: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Name of Employer: _____

Employer Address: _____

Business Affiliates: _____

Professional Licenses: _____

Board Member: _____ BOD Title (if applicable): _____

Board Term & Expiration Date: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Name of Employer: _____

Employer Address: _____

Business Affiliates: _____

Professional Licenses: _____

Board Member: _____ BOD Title (if applicable): _____

Board Term & Expiration Date: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Name of Employer: _____

Employer Address: _____

Business Affiliates: _____

Professional Licenses: _____

Board Member: _____ BOD Title (if applicable): _____

Board Term & Expiration Date: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Name of Employer: _____

Employer Address: _____

Business Affiliates: _____

Professional Licenses: _____