

United Cerebral Palsy of Huntsville and Tennessee Valley, Inc.

1856 Keats Drive~Huntsville~AL~35810

Office 256.859.4900 ~ Fax 256.859.4332

Application for Membership ~ Board of Directors

Name _____ Date _____

Home Address _____ County _____

City _____ State _____ Zip _____

Employer _____ Title _____

Home Phone _____ Work Phone _____

Fax _____ Cell _____

Email 1 _____ Email 2 _____

Following is a list of the major committees of the Board of Directors. Please number your top choices in order of interest, beginning with number 1.

Administrative Committees:

- _____ Programs and Services
- _____ Governance (Bylaws, Policies, Personnel)
- _____ Facility—Safety/Maintenance of Existing Facilities
- _____ Finance/Budget

Fund Raising Committees:

- _____ Irish Evening
- _____ Capital Campaign
- _____ Races/Walks
- _____ Miscellaneous Events
- _____ Program Sponsorships

Please list organizations to which you previously or currently belong and/or a brief description of community projects and fundraisers in which you have participated in.

Special interests, hobbies, and other information:

Office Use: Approved: ___Yes ___No Term Ends:_____ Date:_____

Partial Term:_____ Full Term:_____

Serving Individuals and Families in Madison, Morgan, Limestone, Marshall and Jackson Counties.