

Board of Directors Member Information Form

Date: _____

Name _____

Address _____

City/State/Zip _____

Primary Phone _____ Work _____ ext. _____)

Mobile Phone _____ Other _____

Email _____

Occupation/Title _____

Employer _____

Spouse/Partner _____

Visual Art/Education Interests

Unique Qualifications/Other Information _____

Have you or a family member ever been enrolled in Children's Fine Art Classes (CFAC)?

Yes No Not sure