

CREATIVE ENVIRONMENT CHILDREN’S LEARNING CENTER

Membership Application for the Board of Directors

Date: _____ Cell Phone: _____

Name: _____ Work Phone: _____

Home Address: _____

Email Address: _____

Place of Employment: _____

Job Title: _____

Job Description/Duties:

Hobbies:

Previous Board Experience:

Why are you interested in joining the CECLC Board of Directors?

What specific knowledge/skills do you have that would make an asset to the Board?

