

Lyme Disease Resource Center, Inc.
243 King St. Suite 248 Northampton, MA 01060
Mail to: PO Box 171 Northampton, MA 01061
413-588-7388 www.lymedrc.org info@lymedrc.org

Board of Directors Candidate Application

Name, phone, email address of organizational representative:

Please return this application to the above address by (date):

Date _____

Name _____
First MI Last Familiar name

Residence _____
Address _____ City _____ State _____ Zip _____
Phone _____ E-mail _____

Employer _____
Name _____
Your title _____
Address _____ City _____ State _____ Zip _____
Phone _____ E-mail _____
Type of business or organization _____
Primary service(s) and area/population served _____

Preferred method of contact () Work () Residence

Please list boards and committees that you serve on, or have served on
(business, civic, community, fraternal, political, professional, recreational,
religious, or social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Education/Training/Certificates

Awards or Honors

How do you feel the Lyme Disease Resource Center would benefit from your involvement on the Board?

Skills, experience and interests (Please circle all that apply)

- | | |
|----------------------------------|------------------------|
| Finance, accounting | Education, instruction |
| Personnel, human resources | Special events |
| Administration, management | Grant writing |
| Nonprofit experience | Fundraising |
| Community service | Outreach, advocacy |
| Policy development | Other _____ |
| Program evaluation | Other _____ |
| Public relations, communications | Other _____ |

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of the Lyme Disease Resource Center.

Please provide 3 References.

Thank you very much for applying