

People Assisting The Homeless, Inc.
Board of Directors
Membership Application

First Name: _____ Middle Name: _____ Last Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

Email Address: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Position: _____

Professional Affiliations:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Other Board of Directors you have been a member of in the past that are not listed above:

Agency _____ Position Served _____ Time Period _____

Agency _____ Position Served _____ Time Period _____

Agency _____ Position Served _____ Time Period _____

Agency _____ Position Served _____ Time Period _____

Agency _____ Position Served _____ Time Period _____

Agency _____ Position Served _____ Time Period _____

What strengths do you feel you can bring to the PATH Board of Directors?

Why are you interested in becoming a Board of Directors Member of PATH?

Comments:

Applicant Signature: _____ Date: _____

Internal Use Only:

Date membership approved by the Board of Directors: _____

Positions Held on the PATH Board of Directors:

Position: _____	Date elected: _____
Position: _____	Date elected: _____
Position: _____	Date elected: _____
Position: _____	Date elected: _____
Position: _____	Date elected: _____
Position: _____	Date elected: _____

Date of resignation from the PATH Board of Directors: _____